



MUAB Visitors' Attendance and Acknowledgement of Risks

Date:..... Walk Title/description:.....

Walk Leader(s):.....

In participating in the above event as a visitor **I individually acknowledge** that I may be exposed to hazards and risks which could possibly lead to injury, illness, or death, or the loss or damage to my property. To minimise these risks, **I individually acknowledge** that I have endeavored to ensure that the above activity is within my personal capability. I am aware of the need to personally carry food, water, and use equipment appropriate to the activity. I have personally advised the walk leader of any medication recently taken, or any physical, or other limitation, which might possibly affect my safe participation in this activity.

	Print First Name	Signature	Visitors' phone no.	Introduced By:
	Print Last Name	✓ I Accept	Visitor's Email	How did you hear of MUAB:
1				
2				
3				
4				
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