



University of the Third Age

Sydney U3A Incorporated
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U3A ACTIVITY.....RISK MANAGEMENT FORM

- I acknowledge that I am voluntarily participating in a Sydney U3A Inc activity where I accept responsibility for all that I do as part of this activity.
- I am aware that this may expose me to risk that could lead to injury, illness and possible loss of property, or income if remedial services are necessary.
- I will listen to instructions and precautions given and participate within my capabilities having checked the degree of difficulty of the activity prior to participation.
- I will advise the Leader of any physical or other limitations that might affect my participation in any activity.
- I will make every effort to follow the Leader’s instructions and inform the Leader if I intend to leave the group at any time.
- I will carry adequate food and water for the day’s activity and ensure that my equipment, including clothing and footwear, is appropriate for that activity.
- I have read and understood these requirements. I have considered the risks before choosing to sign this form.
- I still wish to participate within these conditions.
- I accept that in signing this form I am waiving my rights to sue the Leader, Sydney U3A and other participants.

No.	NAME (PLEASE PRINT)	SIGNATURE	MEMBERSHIP NUMBER	EMERGENCY CONTACT
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NAME OF LEADER _____ SU3A MEMBER NUMBER _____