



ACT RACE & FITNESS WALKING CLUB INC. MEMBERSHIP FORM (ACT WALKERS)

Last updated March 2026

SURNAME	GIVEN NAME(S)		SEX	DATE OF BIRTH	
TELEPHONE	Preferred	Alternate (optional)	Emergency contact name and number		
HOME ADDRESS					
E-MAIL ADDRESS					
OTHER ATHLETIC CLUB MEMBERSHIPS (if applicable)	LITTLE ATHLETICS CLUB	Senior ATHLETICS CLUB & REG NO.	Masters club & REG NO.		
QUALIFICATIONS (First Aid, Officials Qualifications etc if applicable)					
PAYMENT DETAILS yearly membership	MEMBERSHIP ->	U20/STUDENT	ADULT	FAMILY	OFFICIAL
	FULL YEAR FEES ->	\$35.00	\$50.00	\$80.00	Free
	HALF YEAR FEES ->	\$20.00	\$30.00	\$50.00	Free
	1 April to 30 September				

PLEASE PAY BY BANK DEPOSIT WITHIN 3 DAYS
(BSB 062-913, A/c number 00902542 - include surname as reference.)

1. I, the undersigned, in consideration of and as a condition of membership of the ACT Race & Fitness Walking Club Incorporated, for myself, heirs, executors and administrators, hereby waive all claim, right or course of action which might otherwise have for or arising out of loss of life or injury, blisters, damage or loss of any description whatsoever which I may suffer or sustain in the course of or consequent upon my membership of the said club.

2. This waiver release or discharge shall be and operate in favour of the ACT Race & Fitness Walking Club Incorporated and its officials, members and any persons concerned in or involved with the conduct of club activities and shall so operate whether the damage or cause is due to any act or neglect of any of them.

3. I understand the risks involved in participating in ACT Race and Fitness Walkers club activities and accept the risks involved and are responsible for my own actions and/or involvement. I also accept that these activities are dangerous and can result in Death and/or Injury.

4. I do/ do not (please delete as appropriate) give permission for photographs of me/ my child to be published online via our social media and in the club newsletter

SIGNED: /

MEMBER

PARENT / GUARDIAN (if under 18) please include name

DATE: / /

Hand the completed form to a committee member. For queries please contact actwalkingclub@gmail.com

Payment Received / /

Receipt No.

