

# Walk With Dad Weekend (May)

Thanks for booking the Walk with Dad on Saturday 16th and Sunday 17th May. What a great way to get kids out into the bush!



**For the comfort of all participants, please note that both the event and planning night are SMOKE FREE!**



Participants' transport to this event is carbon neutral through the carbon neutral programme. Visit our website to find out more.

We want you and your son/daughter to come to the **planning night** because it is an integral part of the walk. If you are unable to attend, you may be disadvantaged in receiving information not in the handouts (eg trying various back packs, tips from questions asked etc), allocation of shared equipment and getting to know others going on the walk.

**Please let us know if it is impossible for you to attend so that we can make alternative arrangements for you.**

**Planning Night Date:** Friday 8th May  
**Time:** 6:30pm  
**Venue:** First Floor Mountain Designs Adventure Building - theatrette

Access will be through Mountain Designs store at 862 Hay St, Perth, between King St and Shafto Lane. It is late night shopping and the store will be open, though traffic and parking may make you late. **Please go up the stairs immediately on the left as you enter the store.** The planning night should last no more than 2 hours.

If you have your own equipment and not sure if it is suitable, bring it with you for the guide to check.

The details of the walk will be discussed on the night, including equipment loan, start times, meeting point and transport arrangements.

Note you will not be collecting any hire gear at the planning night. Your gear, if required will be ready for collection from the Bibbulmun Track Foundation office from noon on the Wednesday prior to your walk.

*Please note our no refunds policy as stated in our events booking form. We do not usually cancel events due to inclement weather. Bookings are not transferable.*

**Please complete and bring the attached medical form with you to the planning night.**

## Contact Details

Monday – Friday, 9am to 4pm

Phone: (08) 9481 0551

Email: [events@bibbulmuntrack.org.au](mailto:events@bibbulmuntrack.org.au)

Web: [www.bibbulmuntrack.org.au](http://www.bibbulmuntrack.org.au)

 Become a Facebook friend!



Thanks to Western Power for sponsoring our Guide Training Program and to the Wilderness First Aid Consultants for first aid training of our volunteer guides

## INDEMNITY FORM FOR THE BIBBULMUN TRACK FOUNDATION



1) I (adult guardian's name) \_\_\_\_\_ on behalf of myself, and as legal guardian of (child's name[s]) \_\_\_\_\_, acknowledge and assume all risks associated with participating in any events being conducted by the Bibbulmun Track Foundation (BTF), and will hold the BTF, its Board, Executive Director, employees, servants and agents free from any and all liability, caused of action, debt, claims and demands of every kind and nature whatsoever which may arise out of or in connection with the use of facilities, equipment and/ or participation in the event.

2) We have the following diet restrictions (inc allergies).

Adult: \_\_\_\_\_

Child 1: \_\_\_\_\_

Child 2: \_\_\_\_\_

3) Our family doctor is \_\_\_\_\_

Address \_\_\_\_\_ Tel \_\_\_\_\_

4) Medicare No \_\_\_\_\_ 5) Adult DOB: \_\_/\_\_/\_\_; Child 1 DOB: \_\_/\_\_/\_\_; Child 2 DOB: \_\_/\_\_/\_\_

6) During the event I am likely to be taking the following prescribed medication(s):

Adult: \_\_\_\_\_

Child 1: \_\_\_\_\_

Child 2: \_\_\_\_\_

for the following ailment(s).

Adult: \_\_\_\_\_

Child 1: \_\_\_\_\_

Child 2: \_\_\_\_\_

7) Do you have any medical conditions: (*please specify any allergies, asthma, diabetes, epilepsy, heart conditions, etc*) other than already declared above? If yes, please give details (nature, triggers, treatment protocol).

Adult: \_\_\_\_\_

Child 1: \_\_\_\_\_

Child 2: \_\_\_\_\_

8) Have you been in hospital or suffered any significant illness or incapacity in the last five years? If yes, please give details (date, condition etc). \_\_\_\_\_

Adult: \_\_\_\_\_

Child 1: \_\_\_\_\_

Child 2: \_\_\_\_\_

9) In an emergency, please contact \_\_\_\_\_

Relationship to Guardian: \_\_\_\_\_ Tel (h) \_\_\_\_\_ Tel (w) \_\_\_\_\_

Address \_\_\_\_\_

We understand that the event is a group activity and we agree to abide by the decisions of the walk leader. If we do not participate, or if we decide to leave the group for any reason we understand that we are not liable for recompense or recoup of fees and we will hold the event organisers free from any liability which may arise from my departure from the group.

To the best of my knowledge we are in good health and will be fit enough to participate in the event as described in the event information. In the event that we suffer any illness or injury, we give consent for first aid to be administered and any evacuation or medical treatment deemed necessary by the BTF or its servants.

In signing this form I declare that I have read, understood and agree with the above. Also in signing this form I declare that to the best of my knowledge all I have written is true and correct.

SIGNATURE OF GUARDIAN: \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME \_\_\_\_\_ EVENT: Walking With Dad