



Federation Mountain Rescue

FMR Inc.  
PO Box 296  
Stones Corner Qld 4120  
fmrqld@gmail.com

### Abseiling Waiver - Group

Date of Activity		Leader/s	
Activity Name	Abseiling		Type of Activity ABS

#### **OBSERVATIONS AND SAFETY RULES:**

- a) The term "ABSEILING" or "rappelling" refers to the technique of a safe and controlled descent down a rope that is securely anchored above;
- b) With Abseiling activity there is a risk of injury, illness or death or the loss of or damage to property;
- c) Abseiling equipment should be thoroughly checked before use;
- d) The likelihood of any physical injury whilst involved in Abseiling is largely dependant on the care that you yourself take;
- e) Whilst all care and attention is made for the safe completion of the activity by the leader, Each person must be responsible for their own actions and take all reasonable care for themselves and those around them;
- f) Novices should learn to abseil on short cliffs to develop technique, skills and confidence before embarking on anything more adventurous.

#### **ACKNOWLEDGEMENT AND INDEMNITY TO THE FMR**

Where reference is made to the "Club" it refers to the FMR.

##### **I the Undersigned:**

1. I acknowledge that I have read the above Observations and Safety Rules and that I understand them.
2. I am voluntarily participating in the Club activity identified above.
3. I am aware that ABSEILING may expose me to risks that could lead to injury, illness or death or to loss of or damage to my property.
4. I acknowledge that I will participate in the ABSEILING activity at my own risk, and that whilst the activity leader has taken reasonable steps to ensure that the activity is conducted in a safe manner, unforeseeable circumstances may arise during the activity.
5. To minimise any risks, I have endeavoured to ensure that this activity
  - a. is within my capabilities.
  - b. The equipment is appropriate for the activity.
  - c. That I have attended a training day/s for the activity or
  - d. Demonstrated the capabilities for the activity
  - e. That safe practices, protocols and procedures are followed.
6. I have advised the activity leader if I am taking any medication or have any physical or other limitation that might affect my participation in the activity.
7. I will make every effort to remain with the rest of the party during the activity.
8. I understand the terms of this acknowledgement and indemnity shall be binding on me, my heirs, personal representatives and any minors (children) in respect of whom I sign this Instrument.
9. I understand this acknowledgement and indemnity continues in force for the duration of the activity
10. I have read and understand the content of this document.

**By signing this document, I waive any claims against FMR its Members and activity leader for cost, loss or damage incurred or suffered by me during the course of or arising from this activity.**

Date.....

Signed.....

<b>DATE</b>	<b>ACTIVITY</b>
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