

**Oadby Hill Walking Club**

**Membership Form 2025/2026**

Please complete and return to membership Secretary Mike Hewitt at: [ohwcmail@gmail.com](mailto:ohwcmail@gmail.com) or to 6 Baysdale, Wigston, Leicester, LE18 3XL

**It is a requirement of our Public Liability Insurance that the form below is completed and returned to the Membership Secretary by the 31st May 2025, to reinstate the necessary cover for our walkers and leaders.**

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| **SECTION A: MEMBERSHIP TYPE** | |
| Adults: £15.00 per annum - monthly newsletter by email (See **Note 1** below) | **Y / N** |
| Juniors (11- 18): £10.00 per annum - monthly newsletter by email | **Y / N** |
| Full time students (18-21): £10.00 per annum - monthly newsletter by email | **Y / N** |

Payment preferably by BACS to: Account Name OHWC; Sort Code; 20-49-08; Account No 50124990 (please quote your surname and Subs).

Alternatively by cheque (payable to Oadby Hillwalking Club).

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| **SECTION B: YOUR DETAILS** | | | |
| **Existing Member?** | **Y / N** | **New Member** | **Y / N** |
| **First Name** |  | **Surname** |  |
| **Date of Birth** |  | | |
| **Address** |  | | |
|  | | | |
|  | | **Postcode** |  |
| **Telephone** |  | | |
| **Mobile Number** |  | | |
| **Email Address** |  | | |

New members must complete **THREE** qualifying walks. Please contact the Membership Secretary (Mike Hewitt) for further details. [ohwcmail@gmail.com](mailto:ohwcmail@gmail.com)

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| **SECTION C: EMERGENCY CONTACT DETAILS** | | | |
| **Please insert the information below to indicate the persons who should be contacted in event of an incident / accident.** | | | |
| **Emergency Contact name** |  | **Phone Number** |  |

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| **SECTION D: Walk Leaders** | |
| The Committee are interested in identifying and maintaining a list of members who may be interested in leading walks. Support and training will be available for those members who would like to be walk leaders. | |
| Are you interested in leading walks? | **Y / N** |

The club walk organisers are not qualified guides. You join them at your own risk and of your own free will.

You are part of an autonomous group, responsible for your own safety and happy to accept the discretion and actions of any or all the participants on that organised walk or activity in the event of injury to you, the need to have you rescued or otherwise.

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| **SECTION E: MEMBER AGREEMENT** | **AGREE?** |
| By returning this completed form: | |
| 1. I confirm that I have read and understood that club walk organisers are not qualified guides. I join them at my own risk and of my own free will. | **Y / N** |
| 1. I understand that I take part in walks at my own medical risk and will seek medical advice if appropriate. | **Y / N** |
| 1. If under 18 years of age parent or guardian's signature is required. | **Y / N** |

**I have read and agreed to the conditions detailed in Section E above**

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| **Signature** |  |
| **Print full name** |  |
| **Date** |  |

**Note 1**: Adult members to pay £15 when joining May to August, £10 when joining September to December, and £5 when joining January to April.



**Oadby Hill Walking Club**

**General Data Protection Regulations Consent Form**

Please complete and return to membership Secretary Mike Hewitt at: [ohwcmail@gmail.com](mailto:ohwcmail@gmail.com) or to 6 Baysdale, Wigston, Leicester, LE18 3XL

We have updated our data protection policies to bring them into line with new regulations that came into force in May 2018. Under General Data Protection Regulations (GDPR) we need to confirm that you are happy for us to hold your personal information.

We would like to assure all members that the information you give us is stored securely and is only used by the Committee to keep you informed of Club events. This information will not be shared with any other body or person.

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| **SECTION F: Oadby Hill Walking Club GDPR Consent Form** | |
| 1. I consent to the Club holding my personal information electronically for the Club’s administrative purposes. | **Yes/No** |
| 1. I consent to the Club contacting me to inform me of events or social activities arranged by the Club. | **Yes/No** |
| 1. I consent, if relevant, to my name and photograph as a member, guest or visitor being on the Club’s website/Facebook. | **Yes/No** |
| 1. I **DO NOT** consent to any kind of marketing activity beyond those mentioned in point 2. | **Yes/No** |

Should you wish to withdraw your consent at any time, please inform the Membership Secretary

Should you fail to respond, we will assume that your consent responses are negative and that you do not wish for us to store your details or contact you.

We will then move your details into an “Initial Non-Consent Document”, where we will maintain your data for a period of 12 months, hereafter it will be destroyed.

If at any time within this period, you decide you would like to be contacted, we can reinstate your details.

**I have read and agreed to the conditions detailed in Section F above**

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| **Signature** |  |
| **Print full name** |  |
| **Date** |  |



**Oadby Hill Walking Club**

**Health & Liability Disclaimer Form**

Please complete and return to membership Secretary Mike Hewitt at: [ohwcmail@gmail.com](mailto:ohwcmail@gmail.com) or to 6 Baysdale, Wigston, Leicester, LE18 3XL

The walking undertaken by Oadby Hill Walking Club (OHWC) members involves challenge, which in turn implies an element of risk taking. Participation in OHWC events may also carry some risk. While walks will be led by competent leaders, accidents can happen.

Walking, and hill walking, is an activity which carries with it a potential risk of personal injury or death. Intending walkers should carefully consider this aspect of their involvement before going out on walks. Participants in OHWC events need also to consider carefully the risks involved.

Participants in OHWC events shall discharge the OHWC, or any other OHWC Club member concerned, of all liability for, or claim or actions arising out of any personal harm to themselves or other members, caused by or in any way related to their participation in walks/events organised by the OHWC.

Participants in OHWC events shall **NOT BE** aware of any medical or other reason why they should not participate (see **Note 2** below).

Public Liability Insurance is in place for walks and events organised by the OHWC but that DOES NOT absolve OHWC members of personal responsibility for the health and wellbeing of themselves and / or those around them. Because of this, OHWC members and participants may wish to obtain their own additional personal insurance and cancellation insurance.

OHWC members shall declare that they are participating voluntarily in OHWC walks/events as an individual and they are under no pressure to go on any of the walks/events organised by the OHWC.

OHWC members shall understand that that some of the walks and events can be strenuous and there is a potential element of danger in participating in these.

OHWC members shall take the advice given by walk leaders/event organisers.

OHWC members shall **NOT BE** under the influence of Drink or Drugs.

OHWC members shall be over 18 years of age, or, if they are under 18 they will be accompanied by a family member of the OHWC, during any walks/events.

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| **SECTION G: OHWC DISCLAIMER FORM** | **AGREE?** |
| By returning this completed form: | |
| 1. I hereby discharge the OHWC, or any other OHWC Club member concerned, of all liability for, or claim or actions arising out of any personal harm to yourself or others, caused by or in any way related to my participation in walks / events organised by the OHWC. | **Yes/No** |
| 1. I am not aware of any medical or other reason why I should not participate (see **Note 2** below). | **Yes/No** |
| 1. Public Liability Insurance is in place for walks and events organised by the OHWC but that **DOES NOT** absolve me of personal responsibility for the health and wellbeing of myself and those around me. | **Yes/No** |
| 1. I declare that I am participating voluntarily in OHWC walks and events as an individual. and I am under no pressure to go on any of the walks/events organised by the OHWC. | **Yes/No** |
| 1. I understand that some of the walks and events can be strenuous and there is an element of potential danger in participating in these. | **Yes/No** |
| 1. I will take the advice given by walk leaders/event organisers. | **Yes/No** |
| 1. I will not be under the influence of Drink or Drugs. | **Yes/No** |
| 1. I am over 18 years of age, or I am under 18 but accompanied by an adult family member of the OHWC, during any walks or events. | **Yes/No** |
| 1. I will complete the OHWC Safety form [here](http://oadbyhwc.com/wp-content/uploads/2014/08/Safety-form-.pdf) and retain it in my rucksack for use in emergencies. | **Yes/No** |

**I have read and agreed to the conditions detailed in Section G above**

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| --- | --- |
| **Signature** |  |
| **Print full name** |  |
| **Date** |  |

**Note 2:** The walking undertaken by the OHWC often involves strenuous physical exercise. Members can be exposed to cold and wet conditions and will need to carry a loaded rucksack on their backs for several hours.

Members should seriously consider their personal health and fitness before undertaking walks.

Anyone suffering from or ever having suffered from any medical condition, illness, injury or allergy, or who is pregnant, should consult their doctor regarding the suitability of their participation.

Members with concerns should only walk following positive advice from their GP and should make their condition known to the Walk Leader before each walk commences.