



# Membership Application

I \_\_\_\_\_ [Insert Full Name]

hereby apply for membership of the Club. In consideration of my application for membership being accepted I acknowledge and agree that:

1. In this membership declaration: "**Club**" means Over 45 Social Canoe Club Incorporated; "**Claim**" means and includes any action, suit, proceeding, claim, demand, damage, cost or expense however arising including but not limited to negligence but does not include a claim against the Club under any right expressly conferred by the Club constitution, bylaws or regulations; "**Club Activities**" means performing or participating in any capacity in any Club activity.
2. **If my application for membership is accepted I will be a member of the Club.** I acknowledge that I will be bound by and agree to comply with the constitution, bylaws, regulations and policies of the Club.
3. **Warning:** I acknowledge that canoeing activities can be inherently dangerous and that I am exposed to certain risks during Club Activities including but not limited to injury, loss of property or even death.
4. **Release and Indemnity:** In consideration of the Club accepting my application for membership I, to the extent permitted by law,
  - a) release and will release the Club from all Claims that I may have or may have had but for this release arising from or in connection with my membership and/or participation in any Club Activities.
  - b) indemnify and will keep indemnified the Club in respect of any Claim by any person arising as a result of or in connection with my membership and/or participation in any Club Activities.
5. **Fitness to Participate:** I declare that I am medically and physically fit and able to participate in any Club Activities. I will immediately notify the Club in writing of any change to my medical condition, fitness or ability to participate. I understand and accept that the Club will continue to rely upon this declaration as evidence of my fitness and ability to participate.
6. **Medical Treatment:** I consent to receiving any medical treatment that the Club reasonably considers necessary or desirable for me if I become unconscious or not in a fit state to make my own decisions. I also agree to reimburse the Club for any costs or expenses incurred in providing me with medical treatment.
7. I acknowledge this membership application and declaration cannot be amended. If I do amend it, my application will be null and void and cannot be accepted by the Club.

**I have read, understood, acknowledge and agree** to the terms on this page including the warning, and the release and indemnity. I also warrant that all information provided on this page is true and correct.

Signed: \_\_\_\_\_ Dated \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_



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## Personal Contact Details

**Note:** The \*Share notations below, indicate whether you are prepared to share some personal contact information with other club members via the “Members Contact List”, which is distributed to all members.

First Name \_\_\_\_\_ Middle: \_\_\_\_\_ Surname \_\_\_\_\_  
Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Partners Name \_\_\_\_\_ \*Share Partners Name \_\_\_\_\_ [Yes/No]  
Street Address \_\_\_\_\_  
Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
Home Phone \_\_\_\_\_ \*Share Home Ph \_\_\_\_\_ [Yes/No]  
Work Phone \_\_\_\_\_ \*Share Work Ph \_\_\_\_\_ [Yes/No]  
Mobile \_\_\_\_\_ \*Share Mobile \_\_\_\_\_ [Yes/No]  
Email \_\_\_\_\_ \*Share Email \_\_\_\_\_ [Yes/No]

I wish to receive the following communications from the **Club**.

Canoeing Programs \_\_\_\_\_ [Yes/No]  
News Letters \_\_\_\_\_ [Yes/No]  
Members Contact List \_\_\_\_\_ [Yes/No]  
Club Information \_\_\_\_\_ [Yes/No]  
Non Club Information \_\_\_\_\_ [Yes/No]

*Note: “Non Club Information” refers to any other information that some members may find interesting such as Health & Security articles, Kayaks for sale, other club newsletters etc.*

## Medical Details

If you suffer, or you have suffered from any medical condition, illness, disease or any physical or mental disability that is likely to affect your efficiency as a Club Member; then it may also affect your safety, the safety of other Club Members and the safety of the Public. If so, then you should consult your medical practitioner before completing and signing this membership application and declaration.

Have you read this section? \_\_\_\_\_ [Yes/No]

## Emergency Contact Details - In the case of an emergency, please contact

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
Relationship \_\_\_\_\_ [Eg: wife, partner, son, daughter, friend etc]  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Mobile \_\_\_\_\_

**I have read, understood, acknowledge and agree** to the terms on this page. I also warrant that all information provided on this page is true and correct.

Signed: \_\_\_\_\_ Dated \_\_\_\_ / \_\_\_\_ / \_\_\_\_



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## Indemnity

I fully understand that participation in **Club Activities** exposes me to a large element of risk and requires a high level of personal fitness.

I acknowledge that all **Club Activities** are designed for responsible adults and I am willing and capable of taking full responsibility for my own wellbeing and safety whilst participating in **Club Activities**.

I acknowledge and agree that my participation in **Club Activities** is subject to my accepting that no liability shall be attached to the **Club** or it's committee and associated individual members.

I hereby indemnify the **Club**, it's committee and associated individual members from any liability resulting from my participation in **Club Activities**.

I also understand that **Club Activities** are organised for recreational purposes only, and are **NOT** being controlled by a professional insured leader, and that the leaders do not have any first aid qualifications.

I acknowledge that I have received and read a copy of the **Club** "Safety Rules & Procedures" and will abide by them.

## Declaration

**I have read, understood, acknowledge and agree** to the entire membership application and the conditions of membership. I warrant that all information provided in the membership application is true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Office Use Only

Date Application received \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Application for Membership approved by committee at the meeting held on \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date Membership Fee Received: \$ \_\_\_\_\_ \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Member Type \_\_\_\_\_ [Member, Associate]