



Membership Declaration Form 2017

I
of

Hereby apply for membership of Sandon Point Boardriders. In so applying I acknowledge and agree that:

1. **The Sandon Point Boardriders (SPB) Constitution** is a contract between me and SPB. I will be bound by it any regulations made under it.
2. **Representative surfing** – as a member of SPB, I will not represent any other boardriding club in events where SPB are competing.
3. **Insurance through Surfing NSW** is in place and it provides limited cover to me while performing or participating in any organised or recognised surfing activity. (For insurance details contact Surfing NSW). I can in my own interests seek and obtain personal insurances over and above cover provided by Surfing NSW.
4. **Warning:** Surfing can be inherently dangerous. Serious accidents can and do often happen which can result in me being injured or even killed. I have voluntarily read and understood this warning and accept and assume the inherent risks in surfing.
5. **Exclusion of Liability** Except where provided or required by law and such cannot be excluded I agree that it is a term of my membership (if accepted) that SPB is absolved from all liability however arising from injury or damage however caused (whether fatal or otherwise) arising out of my membership and/or participation in any SPB activity.
6. In consideration of SPB accepting my application for membership I:
 - a) Release and forever discharge SPB 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 SPB activity; and
 - b) Indemnify and hold harmless SPB to the extent permitted by law in respect of a Claim by any person including but only another Member of SPB arising as a result of or in connection with my membership and/or participation in any SPB activity.

In this clause 5 “Claims” means and includes any action, suit, proceeding, claim, demand, damage, penalty, cost or expense however arising but does not include a claim in respect of any action, suit, etc made by any person entitled to make a claim under a relevant Surfing NSW insurance policy or under Surfing NSW constitution or any regulations.
7. **Fitness to participate.** I declare that I am and must continue to be medically and physically fit and able to participate in any SPB activity. I am not and must not be a danger to myself or to the health and safety of others. I will immediately notify SPB in writing of any change to my fitness and my ability to participate. I understand and accept that SPB will continue to rely upon this declaration as evidence of my fitness and ability to participate.
8. **I have provided the information required on the application for membership.** I warrant that all information is true and correct.
9. SPB has a **privacy policy** and that the information that I have provided overleaf is necessary for the objects of SPB. I acknowledge and agree that the information will be disclosed and will only be used for the Objects of this membership and to provide me with membership services. I understand that I will be able to access my information through my Club. If the information is not provided my membership application may be rejected.
10. **I have read, understood, acknowledge and agree** to the above declaration including the warning, exclusion of liability, release and indemnity.

Signed..... Date.....

Where the applicant is under 18 years of age this form must also be signed by the applicant’s parent or legal guardian.

I,am the parent or guardian of the applicant. I expressly agree to be responsible for the applicant’s behaviour and agree to personally accept the conditions set out in this membership application and declaration including the provision by me of a release and indemnity in the terms set out above.

Parent’s signature..... Date.....

(where applicant is under 18 years)



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Personal Details

Name.....

Address.....

..... Post Code.....

Date of Birth Male/Female

Phone Details

Home Mobile.....

Work

Email

Occupation

Medical Details If you suffer or have suffered from any disease or any physical or mental disability (eg epilepsy, diabetes or any permanent disability to limb eye or ear likely to effect your efficiency as a club member, it may affect your safety and that of others. You should consult your medical practitioner and Sandon Point Boardriders prior to commencing any club activity.

Have you read section? Yes No

Emergency Contact

Name.....

Address.....

Post Code..... Relationship.....

Phone – Home..... Work.....

Mobile

Declaration I have read, understood, acknowledge and agree to the declaration and application and conditions of membership form. I have signed these forms. I warrant that all information is true and correct.

Signature Date.....

Parent /Legal Guardian Consent (In respect to an applicant under the age of 18 years) I have read, understood, acknowledge and agree to the declaration and application and conditions of membership form. I have signed these forms and I personally consent to the declaration and application correct.

Name Date.....

Signature Date.....

Office Use Only

Date application received Amount Paid \$..... Receipt No

Accepted/Rejected by committee, Date.....

Signature of club officer.....

Membership Category