

Affiliated with:- Canoeing WA Inc.



MEMBERSHIP APPLICATION FORM.

APPLICATION FOR - [ ] Membership Renewal [ ] New Membership

SURNAME \_\_\_\_\_ GIVEN NAME(S) \_\_\_\_\_ DOB / /

ADDRESS \_\_\_\_\_ POST CODE \_\_\_\_\_

PHONE No: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

FAX No: Home \_\_\_\_\_ Work \_\_\_\_\_ Email \_\_\_\_\_

OCCUPATION \_\_\_\_\_ Male [ ] Female [ ]

EMERGENCY CONTACT- NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE No \_\_\_\_\_

Is your application for: Individual membership [ ] Family membership [ ] Country membership [ ] See website for up-to-date fees.

If this is a FAMILY MEMBERSHIP application, please list other family members details below.

Table with 4 columns: Surname, Given Names, D.O.B., Gender. Rows 1) and 2) for family members.

How are you paying your membership fees? Cheque/money order enclosed [ ] I want to pay by electronic transfer [ ]

MEDICAL DETAILS - Do you have a medical condition that may affect your paddling activities? - YES / NO

If YES please give details \_\_\_\_\_

By signing this form you acknowledge that you have read this section and that you declare that you are and must continue to be medically fit and able to participate in any SKCWA activity and that you are not a danger to yourself or to the health and safety of others.

HAVE YOU READ THE ABOVE MEDICAL DETAILS? ..... YES / NO

NOTE :- The ability to swim is a prerequisite for participation in club 'on water' activities.

Can you swim 50 meters in paddling attire? - YES / NO

Describe your paddling experience if any. \_\_\_\_\_

List any paddling qualifications held \_\_\_\_\_

I consent to my contact detail being available to other members only YES .... [ ] NO .... [ ]

I warrant all information provided in the above application is true and correct.

Signature of Applicant X \_\_\_\_\_ Date / /

NOMINATOR Name \_\_\_\_\_ Signature \_\_\_\_\_

SECONDER Name \_\_\_\_\_ Signature \_\_\_\_\_

ADMINISTRATIVE USE ONLY

- [ ] Application circulated to Committee
[ ] Membership Fee rec'd \$
[ ] Membership agreed
[ ] Bank Deposit entered
[ ] SKC # allocated
[ ] Welcome pack sent

- [ ] Assessor allocated
[ ] Forms & Insurance sent to CWA
[ ] Membership Master List updated
[ ] Emergency Contact List updated
[ ] Membership List circulated to Comm & Sea L
[ ]

**SEA KAYAK CLUB WA Inc.**

**DECLARATION AND INDEMNITY**

**WARNING**

Sea Kayak Club WA Inc is a recreational club which enables like-minded people, as members, to participate in a variety of coordinated sea kayaking activities where the emphasis is on safety and risk minimization and management.

Sea kayaking is a **HIGH RISK RECREATIONAL ACTIVITY** exposing participants to significant risks, both known and unknown, and hazardous events that often cannot be anticipated and which could result in participants experiencing emotional or physical injury, death and damage to or loss of equipment. Such risks cannot, in most instances, be eliminated due to the nature of this activity, taking place as it does in an unpredictable and often hostile environment.

**AGREEMENT OF RESPONSIBILITY**

I, and my family (if applicable), agree to abide by and comply with The Constitution and all properly resolved determinations and resolutions of SKCWA, and determinations of Canoeing WA Inc (CWA) and Australian Canoeing Inc (AC) as they effect SKCWA. I specifically acknowledge and agree that the sport, recreation and general activities of canoeing take place in the natural environment and are subject to the unpredictable forces of nature and consequently are subject to the dangers and risks caused thereby. Therefore I acknowledge, agree and accept that I and my family (as applicable) are solely responsible for exercising all due care and caution at all times In determining where, when and how to kayak and with respect to the equipment I use and I further acknowledge, agree and accept that when in doubt it is my / our responsibility to seek expert advice, which there is however no obligation to accept, and for which the adviser shall **not** be liable.

**INSURANCE COVER**

Insurance, provided through Australia Canoeing Inc., provides limited cover to me whilst I am performing or participating in any authorized or recognised SKCWA activity. I must legibly complete an Australian Canoeing Inc. Membership Application and Declaration form and return it with my SKCWA membership or membership renewal form. I understand that insurance cover is not effective until the AC form is received and that failure to complete and return the form will result in my membership application and participation in club activities being terminated or declined.

**EXCLUSION OF LIABILITY**

Except where provided or required by law and such cannot be excluded, I agree that it is a condition of my membership (if accepted) that SKCWA, it's members, officers, volunteers , servants and agents are absolved from all liability however caused (whether fatal or otherwise) arising out of my membership and or participation in any SKCWA activity.

**RELEASE AND INDEMNITY**

In consideration of SKCWA accepting my membership:-

- a) I release and forever discharge SKCWA, it's members, officers, volunteers , servants and agents from all claims that I may have had but for this release arising from or in connection with my membership and / or participation in any SKCWA Activity : and
- b) For myself, my dependents, my heirs, executors or administrators. I waive, release and discharge SKCWA and it's members, officers, servants, volunteers and agents from and against any claims or actions which I (or persons claiming through or under me) may have against them or any of them with respect to death injury or loss of any kind whatsoever suffered or incurred by me even if such death, injury or loss was caused by or contributed to by the act, default or omission ( amounting to negligence or otherwise) of the club and any of it's respective members, officials, servants or agents.

This document cannot be amended. If I do amend it my declaration will be null and void. SKCWA will not accept it.

The club, SKCWA, is entering into this Agreement as trustee and agent for its members, officers and agents.

I have read, understood, acknowledge and agree to the above declaration including the warning, exclusion of liability, release and indemnity.

Name of Applicant \_\_\_\_\_

Signature of applicant X \_\_\_\_\_ Date / /

**PARENT OR LEGAL GUARDIAN CONSENT (required where applicant is under the age of 18 years)**

I have read, understood, acknowledge and agree to the membership application, declaration, conditions of membership, exclusion of liability and release and indemnity, as detailed over page and above and I personally consent to the application, declaration, conditions, exclusion and release of the applicant.

Surname \_\_\_\_\_ Given Name (s) \_\_\_\_\_

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