

# SUNCOAST SENIORS RECREATIONAL KAYAKING CLUB INC.

P.O. Box 408, Buddina, 4575

## Membership Application and Indemnity Form

(Please print all information requested)

I apply for membership of SSRKC. I have read, understood and agree to the application and declaration:

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

TELEPHONE: HOME \_\_\_\_\_ MOBILE \_\_\_\_\_

ADDRESS \_\_\_\_\_ POSTCODE \_\_\_\_\_

E-MAIL: \_\_\_\_\_

**Class of Membership applied for: Ordinary Member \$52.00**

**Social Member \$5.00**

### WAIVER AND ACKNOWLEDGEMENT THAT YOU KAYAK AT YOUR OWN RISK

I am aware that the SSRKC's activities can be dangerous, physically demanding and hazardous, involving risk of death, personal injury, and/or personal property loss or damage. Risks and injuries include cold water immersion, drowning, hypothermia, hyperthermia, impact with floating, submerged or exposed objects, slipping and falling, accidents in remote locations places without medical or evacuation facilities, sprains, fractures, dislocations, exposure to temperature extremes or inclement weather, accidents while travelling to and from activities, and lifting injuries. I am aware that weather and sea conditions are unpredictable and dangerous. In consideration of my being admitted as a member and/or being permitted to participate in club activities

### I AGREE

1. For myself, my dependents, my heirs, executors or administrators or assigns, to waive, release and discharge any of its office-bearers, committee members, instructors, trip leaders, trip coordinators, servants, volunteers and agents from and against all and any claims or actions which I (or persons claiming through or under me) may have against it or them or any of them with respect to death, personal 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 any act, default or omission (amounting to negligence or otherwise) to the maximum extent allowed by law.

2. To voluntarily assume all risks involved in participating in any SSRKC activity.

### I WARRANT

That I can swim and I am physically fit to participate in sea kayaking activities and that I am solely responsible for the seaworthiness of all equipment used by me. That I will carry any medications needed for any medical conditions likely to be aggravated by participation in club activities (i.e. heart, diabetes, etc).

**DECLARATION** I have read, understood, acknowledge and agree to the effect that my legal rights to claim compensation for injury death or damages howsoever caused have been removed.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**DO YOU WANT YOUR NAME, ADDRESS, PHONE NUMBERS AND E-MAIL ADDRESS TO APPEAR ON THE CLUB MEMBERSHIP LIST AVAILABLE TO OTHER CLUB MEMBERS YES \_\_\_\_\_ NO \_\_\_\_\_**

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Club use only: Date Application received \_\_\_/\_\_\_/\_\_\_/ Paid to Date: \_\_\_/\_\_\_/\_\_\_/ Receipt No. \_\_\_\_\_

Signature of Affiliated Club Officer: \_\_\_\_\_ Membership Category \_\_\_\_\_ No. \_\_\_\_\_