



## Membership Form

PLEASE FILL OUT FORM IN CAPITAL LETTERS, THANK YOU

Personal Information			
Name:			
Address:			
		Postcode:	
D.O.B:		Email:	
Tel no:		Mobile:	
<p>What activities are you interested in doing at Shedders and Fixers?</p> <p>Woodworking <input type="checkbox"/> Metalworking <input type="checkbox"/> Crafts <input type="checkbox"/> Electronics <input type="checkbox"/> Furniture Restoration <input type="checkbox"/></p>			
Other:			
Emergency Contacts			
Contact name:		Contact number:	
Relationship:			
Doctor's name:		Doctor's number:	
<p>Please state any medical details we should be aware of in case of emergency (e.g. diabetes, epilepsy, medication)</p>			
<p></p>			
Shed Membership Fee			
<p>The annual membership fee is £50.</p> <p>This can be paid in full, each <u>January</u></p> <p>or by standing order of £5 each month</p> <p>If, at any time, you wish to terminate your membership, please do so in writing and pass the details onto a committee member</p>			
Payment method:	<p>Monthly standing order details</p> <p><input type="checkbox"/> Shedders and Fixers Sort Code 30-90-89 Account Number 35275168</p> <p><input type="checkbox"/> Cash/cheque to Shedders and Fixers (annually only)</p>		
<p></p>			

How did you hear about us?

**PLEASE READ AND SIGN THE FOLLOWING PAGE. THANK YOU 😊**

## Declarations and Disclaimers

Please read in full and confirm your acceptance and agreement to each of the following statements by ticking the box.

### Safety

I understand that the activities of the Shed carry hazards and I will be doing them at my own risk. I understand that my safety is my own responsibility and confirm that I will comply with the Shed's Health and Safety policy. I will wear any personal protective equipment deemed necessary for any particular item of equipment and will comply with any and all safety instructions. I agree to ensure my full understanding of the instructions for use and safety on every piece of equipment I use and I will act responsibly to ensure my own safety and that of others.

I understand that Sheddors and Fixers excludes all liability to the full extent permitted by law and accept that not Sheddors and Fixers nor any of its Trustees shall be liable for any direct or indirect loss, damage or injury arising from or in connection with my participation in the Shed's activities and I waive all and any claims in this respect.

I hereby consent that I have read, understood and agree to the above statement. (tick)

### Health

I understand that I must disclose details about my health that might affect me in carrying out the activities in Sheddors and Fixers. I understand that Sheddors and Fixers is not responsible for giving medical assistance or organising carers or medical support beyond seeking help in an emergency or referring me to professional services if they deem me to be at risk.

I hereby consent that I have read, understood and agree to the above statement. (tick)

### Privacy

I consent to the collection and use of my personal information for the purposes of my membership of Sheddors and Fixers and in Sheddors and Fixers communicating information to me. I understand that from time to time photographs and videos may be taken within the Shed. I consent to their use by Sheddors and Fixers in publications, newsletters and in the media to highlight the good work of Sheddors and Fixers. I understand that this consent can be withdrawn at any time in writing.

I hereby consent that I have read, understood and agree to the above statement. (tick)

All medical information will be treated as confidential and held securely.  
Your personal information will never be distributed, sold or shared with third parties not stated above, except if required by law.

Full Name:		Date:	
Signature:			
THANK YOU 😊			