

PORT MACQUARIE LONGBOARD CLUB INC

MEMBERSHIP APPLICATION FORM

2009

First Name/s: Last Name:

Date of Birth:/...../.....

Address:

.....

Postcode:

Home Phone:

Mobile:

Would you like to receive club newsletter via email: YES / NO

Email address:

Membership Required:

Full Surfing Member: YES / NO

Family Membership: YES / NO

Fee Paid – Receipt No:

Fee Paid – Receipt No:

Indemnity Form Signed: YES / NO

Witnessed:

Position/Title:

Date:...../...../.....

Port Macquarie Longboard Club Inc

Release & Indemnity

I,.....

of

.....

agree to participate in the activities and competitions conducted by the Port Macquarie Longboard Club Inc and in doing so I acknowledge that the activities of the Club, including surfing, are inherently risky activities and I therefore release and forever hold harmless the Port Macquarie Longboard Club Inc, its members, office bearers, and competitors in respect of any personal injury or other losses sustained by myself arising out of or incidental to my participation in activities organized by the club including but not limited to surfing.

I understand that I am releasing the club, its office bearers, members and competitors from all liability arising from their failure to exercise reasonable care and skill and I also hereby indemnify the club, its members, office bearers and competitors in respect of any losses or injuries sustained by me as a result of their failure to exercise care and skill.

I acknowledge that I have been warned that surfing is a dangerous activity and that injuries and losses can result from participating in surfing activities including death and severe bodily injury.

Dated:/...../.....

Signed:

Witness: