****

 **ACT RACE & FITNESS WALKING CLUB INC.**

 ***(ACT WALKERS) Membership form***

|  |  |  |  |
| --- | --- | --- | --- |
| **SURNAME** |  **GIVEN NAME(S)** | **SEX** | **DATE OF BIRTH** |
|  **TELEPHONE**  | Preferred | **Alternate (optional)** | **Emergency contact name and number** |
| **E-MAIL ADDRESS**  |  |
| **OTHER ATHLETIC CLUB MEMBERSHIPS (if applicable)** |  **LITTLE ATHLETICS CLUB** | **Senior ATHLETICS CLUB & REG NO.** | **Masters club & REG NO.** |
| **QUALIFICATIONS(First Aid, Officials Qualifications etc if applicable)**  |  |
| **PAYMENT DETAILS yearly membership to 1st October** | **MEMBERSHIP** U20/STUDENT ADULT FAMILY **FEES** $20.00 $30.00 $50.00  |
| **PAYMENT BY:**  Bank deposit (BSB 062-913, A/c number 00902542) (Please include your name in the transaction) |
| 1. I, the undersigned, in consideration of and as a condition of membership of the ACT Race & Fitness Walking Club Incorporated, for myself, heirs, executors and administrators, hereby waive all claim, right or course of action which might otherwise have for or arising out of loss of life or injury, blisters, damage or loss of any description whatsoever which I may suffer or sustain in the course of or consequent upon my membership of the said club.2. This waiver release or discharge shall be and operate in favour of the ACT Race & Fitness Walking Club Incorporated and its officials, members and any persons concerned in or involved with the conduct of club activities and shall so operate whether the damage or cause is due to any act or neglect of any of them.3. I understand the risks involved in participating in ACT Race and Fitness Walkers club activities and accept the risks involved and are responsible for my own actions and/or involvement. I also accept that these activities are dangerous and can result in Death and/or Injury.**4. I do/ do not (please delete as appropriate) give permission for photographs of me/ my child to be published online via our social media and in the club newsletter.** |

**SIGNED:** …………………………………………….. / ……………………………………………………

 *MEMBER PARENT / GUARDIAN (f under 18) please include name*

**DATE:** / /

Please hand the completed form to a committee member or email to actwalkingclub@gmail.com

For queries please contact Renee Cassell 0412809869 or
 Helen Toyne helen.toyne@gmail.com 0402976888

Payment Received ...……… / / *Receipt No. ..............*