



MEMBERSHIP AND REGISTRATION FORM - ACCIDENT WAIVER AND RELEASE OF LIABILITY – CANBERRA SKATEBOARDING ASSOCIATION INC.

By signing this Waiver and agreeing to the statements below, the Applicant becomes a member of Canberra Skateboarding Association Inc. (CSA).

CSA membership is valid until 31 December of the year of the application.

Statement by Applicant: As a CSA member, I am bound by the CSA Rules and any Policies made under those Rules. I understand that CSA may refuse my application, cancel my membership or exclude me from participating in CSA events at any time.

There are no medical issues that affect my ability to participate in CSA events and I have provided all relevant medical details in my application.

(Where the Applicant is aged under 16) I agree to wear a helmet while participating in CSA events.

As a CSA member, I:

- Discharge CSA from all liability that may occur, including that arising from negligence on behalf of CSA for my death; injury or illness of any kind; damages of any kind; or loss of any kind; and
- Indemnify; will not claim against CSA; and waive my rights regarding any liabilities; suits; proceedings; penalties; fines; costs; claims; or expenses that may occur, whether caused by CSA or otherwise.

I accept the risks of CSA membership, which may arise from negligence on the part of CSA, CSA's equipment or property, or because of any actions or omissions by CSA.

I consent to receive medical treatment in the event of injury, accident or illness during CSA events and I agree to pay all associated medical costs.

I may be photographed or filmed during CSA events and I agree that those images are owned by CSA and may be used by CSA without my further consent.

References to CSA above include its directors, members, officers, volunteers and agents.

By ticking this box, I (the Applicant or their parent/guardian on behalf of the Applicant) confirm that I have read this document, I fully understand its content and I agree to the statements above.

Please send me info about CSA activities and events.

Applicant's Details:

Full Name	
Home Address	
Date of Birth	
e-mail Address	
Phone Number	
Do you have any medical conditions or are you taking medication? (please provide details)	

APPLICANT'S SIGNATURE _____ **DATE** ___/___/_____
(Please sign if 18 years old or over, otherwise see below)

Parent or Guardian's Details (if Applicant is under 18 years old):

Full Name	
Relationship to Applicant	
e-mail Address	
Phone Number	

PARENT/GUARDIAN'S SIGNATURE _____ **DATE** ___/___/_____
(Please sign if Applicant is under 18 years old)