



FLINDERS UNI MUAY THAI CLUB

Membership Details



Membership Sign up form

SURNAME : _____ FIRST Name: _____ (M/F) : _____

ADDRESS: _____

POSTCODE: _____

EMAIL ADDRESS: _____

MOBILE PHONE: _____ HOME PHONE: _____

ALL FLINDERS UNIVERSITY STUDENTS MUST FILL IN THIS SECTION

STUDENT NUMBER: _____ FAN: _____

FLINDERS EMAIL ADDRESS: _____

There are important documents that all members must read. Please read these documents stored in our website <http://www.flindersmuaythai.com.au/#!club-documents/c1mdd>. These documents include the Club's Constitution, Members Protection Policy and Members Code of Conduct.

By signing this form, you agree to abide by the clubs rules and regulations, and that you have read the section below regarding indemnity.

I, the undersigned, hereby acknowledge that it is a condition of participating in exercise that I do so at my own risk. I, the undersigned, accept all risks and hereby indemnify and release the instructor, their agents, affiliates, employees, members, sponsors, promoters and any person or body directly and indirectly associated with the Trainer, against all liabilities (including liability for their negligence and the negligence of others), claims, demands, and proceedings arising out of or connected with my participation in this exercise. I, the undersigned, acknowledge that participating in exercise may involve a risk of serious injury or even death from various causes including: over exertion, dehydration, equipment failure and accidents with equipment and surroundings. I, the undersigned, recognise the difficulties associated with the activity and attest I am physically fit to participate safely in the activity and that a qualified medical practitioner has not advised me otherwise. I understand the demanding physical nature of exercise. I am not aware of any medical condition, injury or impairment that will be detrimental to my health if I participate in exercise. In the event that I become aware of any medical condition, injury or impairment that may be detrimental to my health, the Trainer will immediately be informed. By continuing to participate in this exercise, I accept the risks despite these conditions and am still, and will always be under the terms of this agreement.

I, the undersigned, certify that I am 18 years or older and have read this document and fully understand it OR as a parent or guardian of the participant

(a) I agree to the above for myself and on behalf of the participant and

(b) I indemnify and will keep indemnified any person or body directly or indirectly associated with the conduct of the exercise on the terms referred to.

Member

Date :

NAME : _____

Parent/Guardian for u-18 member

Date :