



# SHEDDINGTON MEMBERSHIP APPLICATION FORM

Name

Address and Post Code

Email

Phone

Would you like to join the Sheddington WhatsApp Group (mobile number required)? **Y/N**

Please tell us a bit more about yourself *(continue overleaf if necessary)*

If you have any interests you'd like to pursue at Sheddington, please let us know.

If you have any skills or experience you'd be willing to share with fellow members, feel free to mention them here.

If you require any reasonable adjustments to access services at Sheddington, please let us know what they are.

If you have any medical conditions that may affect your ability to participate in activities Sheddington, please let us know.

Emergency Contact Name

Emergency Contact Number

Their Relationship to You

## Declarations and Disclaimers

**Health and Safety:** I understand that activities at Sheddington may 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 Sheddington's Health and Safety policy. I will wear any personal protective equipment deemed necessary for any item of equipment and will comply with 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 Sheddington excludes all liability to the full extent permitted by law and accept that neither Sheddington nor any of its Management Committee shall be liable for any direct or indirect loss, damage or injury arising from or in connection with my participation in Sheddington's activities and I waive all and any claims in this respect. I understand that I shall be required to undergo an informal induction process, involving a tour of the Shed, an introduction to its Health and Safety policies and instruction on the use of machinery.

I understand that I must disclose details about my health that might affect my ability to carry out activities at Sheddington. I understand that Sheddington 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.

**GDPR:** I consent to the collection and use of my personal information for the purposes of my membership of Sheddington and for Sheddington communicating information to me. Any information I divulge will be treated as confidential and held securely. It will never be distributed, sold or shared with third parties not stated above, except if required by law.

I understand that from time-to-time photographs and videos may be taken within the Shed. I consent to their use by Sheddington in publications, newsletters and in the media when promoting the activities of the Shed.

I hereby confirm that I have read, understood, and agree to the above statements.

I am a UK taxpayer. The payment I will make to Sheddington, and any others I have made in the current tax year do not exceed the amount of tax I have paid for the same period, and I agree to Sheddington claiming Gift Aid on my donation.

When we have received your form, we will be in touch to let you know how you can make a payment. Thank you.

Signed:

Date: