##  **UCKFIELD SHED**

## Membership Form

Complete the membership form to become a member of Uckfield Shed. Your form will not be accepted unless it is completed in full, including the disclaimers overleaf.

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| Personal Information |
| Name: |  | Known as:  |  |
| Address: |  |
|  |  | Postcode: |  |
| D.O.B: |  | Email: |  |
| Tel no: |  | Mobile: |  |
| I want to be considered for a role in Shed’s Development Group: Yes ☐ No ☐ |
| Do you have any of the following skills? Woodworking ☐ Metalworking ☐ Electronics ☐ Furniture Restoration ☐ |
| Other: |  |
| What activities are you interested in Woodworking ☐ Metalworking ☐doing in the Shed? Electronics ☐ Furniture Restoration ☐ |
| Other: |  |
| Emergency Contacts |
| Contact name: |  | Contact number: |  |
| Relationship: |  |
| Doctor’s name: |  | Doctor’s number: |  |
| Please state any medical details which we should be aware of the case of emergency (e.g. diabetes, epilepsy, medication) |
|  |
| Shed Membership Fee |
|  Annual membership of £20. In addition, each session you attend has a fee of £3 |
| Payment method:  | Cash ☐ Cheque ☐ (cheques should be made payable to Uckfield Men’s Shed  |
|  |  |
|  |
| Sign and print: |  |  |  |
|  |

## Declarations and Disclaimers

You must read in full and confirm your acceptance and agreement to each of the following statements by ticking the box.

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| Safety |
| I understand that the activities of the Shed 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 the Shed’s Health and Safety policy. I will wear any personal protective equipment deemed necessary for any particular item of equipment and will comply with any and 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 Uckfield Shed excludes all liability to the full extent permitted by law and accept that not Uckfield Shed 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 the Shed’s activities and I waive all and any claims in this respect. I hereby consent that I have read, understood and agree to the above statement. ☐ (tick)  |
| Health |
| I understand that I must disclose details about my health that might affect me in carrying out the activities in Uckfield Shed. I understand that Uckfield Shed 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. I hereby consent that I have read, understood and agree to the above statement. ☐ (tick) ALL medical information will be treated as confidential and held securely. |
| Privacy |
| I consent to the collection and use of my personal information for the purposes of my membership of Uckfield Shed and in Uckfield Shed communicating information to me. I understand that from time to time photographs and videos may be taken within the Shed. I consent to their use by Uckfield Shed and UK Men’s Sheds Association in publications, newsletters and in the media to highlight the good work of Men’s Sheds. I understand that this consent can be withdrawn at any time in writing. I hereby consent that I have read, understood and agree to the above statement. ☐ (tick) ALL medical information will be treated as confidential and held securely. Your personal information will never been distributed, sold or shared with third parties not stated above, except if required by law. |

Thank you for your interest in Uckfield Shed.