

# **Fakenham Community Shed**

## Membership Form

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

Personal Info	rmatio	n			
Salutation:			Gender:		
Full Name:			Known as:		
Address:					
			Postcode:		
D.O.B:			Email:		
Tel no:			Mobile:		
What experie	ence do	you have in any crafts	?		Suggestions: Art & craft Electronics & Robotics Furniture Restoration Metalworking Needlework Woodworking
What activiti	es are	you interested in doing	in the Shed?		Suggestions: Art & craft Electronics & Robotics Furniture Restoration Metalworking Needlework Woodworking
Emergency (	Contact	<u>.</u> S			
Contact nam	ie:		Contact nur	mber:	
Relationship:					
Doctor's nam			Doctor's nu		
	-	edical details of which w	ve should be a	aware in case of e	mergency
(e.g. diabete	s, epile	epsy, medication)			
Chad Maraba	walain F				
thereafter to	annua help w . The fo	l donation of <b>£12</b> or mo vith the upkeep of the S ee can be waived in son	hed. You shoເ	uld pay what you	can afford
Payment me				d be made payab	le to
giftaid it		☐ Please tick to confirr taxpayer and agree for Aid on your membersh you are confirming tha UK Income or Capital C will be claimed on any year. Gift Aid allows Fa pence on every pound	m that you are Fakenham Con ip donation at you understoains Tax at lead and all Gift Aukenham Com	community Shed to some detailed above. The same that you must east equal to the same id donations in arounity Shed to community Shed to co	o claim Gift By ticking It have paid It hamount that Ity given tax
Sign and pr	rint:			Date:	
Please return	n your (	completed membership	form to		
Fakenham C	ommur	nity Shed, 9A Norwich S	treet, Fakenh	am, NR21 9AF	

# **Fakenham Community Shed**

## **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 Fakenham Community Shed excludes all liability to the full extent permitted by law and accept that not Fakenham Community Shed not 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. $\Box$ ( <b>Please tick</b> )
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#### Health

I understand that I must disclose details about my health that might affect me in carrying out the activities in Fakenham Community Shed. I understand that Fakenham Community 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. (Please 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 Fakenham Community Shed and in Fakenham Community 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 Fakenham Community 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. 

(Please tick)

ALL medical information will be treated as confidential and held securely. Your personal information will never be distributed, sold or shared with third parties not stated above, except if required by law.

I would consider vounteering for a role in Shed's committee: Yes $\square$ No $\square$	I would consider younteering for a role in Shed's committee: Yes $\square$ No $\square$
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Thank you for your interest in Fakenham Community Shed.