

The Blackdown Community Shed Membership Form

Complete the membership form to become a member of the Blackdown Community Shed. Your form will not be accepted unless the mandatory elements (*) are completed in full, including the disclaimers overleaf.

Dorgonal Information	*				
Personal Information					
Name:	Kr	nown as:			
Address:					
	Po	ostcode:			
D.O.B:	Er	mail:			
	(0	optional)			
Tel no:	M	lobile:			
Do you have any of the following skills? ★ Woodworking □ Metalworking □					
Electronics					
Other:	Liceti offics		are restoration	П Ц	
			م ما دام م		
-	ities are you interested in Woodworking				
doing in the Shed? *	Electronics	☐ Furni	ture Restoration	on 🗆	
Other:					
Emergency Contacts	*				
Contact name:		Contact numl	ber:		
Relationship:	ionship:				
Doctor's name:	ame:		ber:		
Please state any medical details which we should be aware of the case of emergency (e.g. diabetes,					
epilepsy, medication)					
- cp.neps); mea.ea.aon;					
Shed Membership Fee					
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Annual membership is £24, renewable on April 1 st , or £2 per month if joining mid-year. In addition,					
each session attended is £3.					
Payment method:	Payment method: Cash Cheque (cheques should be made payable to The Blackdown				
Healthy Living and Activity Centre)					
	☐ Please tick to confirm that you are a UK Income or Capital Gains taxpayer				
aiffaid it	and agree for The Blackdown Healthy Living and Activity Centre to claim Gift				
giftaid it	Aid on your membership donation as detailed above. By ticking you are				
	confirming that you understand that you must have paid UK Income or				
(optional) Capital Gains Tax at least equal to the amount that will be claimed on a all Gift Aid donations in any given tax year. Gift Aid allows The Blackdov					
	donate to them.				
donate to them.					
Sign and print:	_		Data		
sign and print:			Date:		

Please return your completed membership form to Centre Manager, Blackdown Community Shed, BHLAC, Riverside, Hemyock, Devon, EX15 3SH Declarations and Disclaimers You must read in full and confirm your acceptance and agreement to each of the following statements by ticking the box. 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 The Blackdown Healthy Living and Activity Centre excludes all liability to the full extent permitted by law and accept that not The Blackdown Healthy Living and Activity Centre nor any of its Trustees 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 the Blackdown Community Shed. I understand that the Blackdown 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. ☐ (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 the Blackdown Community Shed and in the Blackdown Community Shed communicating information to me. I hereby consent that I have read, understood and agree to the above statement. (tick) I understand that from time to time photographs and videos may be taken within the Shed. I consent to their use by the Blackdown 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. (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.

(Optional)