

THIS IS AN IMPORTANT DOCUMENT AFFECTING YOUR RIGHTS. YOU SHOULD READ IT VERY CAREFULLY AND SIGN IT ONLY AFTER YOU ARE SATISFIED THAT YOU UNDERSTAND AND ACCEPT ALL TERMS AND CONDITIONS

PADDLING AUSTRALIA LIMITED MEMBERSHIP DECLARATION

I _____

of _____ Post Code _____

I hereby apply for membership of PA and the State Association of the State/Territory in which I reside. In consideration of my application for membership being accepted **I acknowledge and agree** that:

1. In this membership declaration: "**PA**" means Paddle Australia Ltd; "**Claim**" means and includes any action, suit, proceeding, claim, demand, damage, cost or expense however arising including but not limited to negligence but does not include a claim against a Paddle Organisation under any right expressly conferred by its constitution or regulation; "**PA Activities**" means performing or participating in any capacity in any authorised or recognised Paddle Organisation activity; "**Paddle Organisation**" means and includes PA, the State Associations, affiliated paddling clubs and where the context so permits, their respective directors, officers, members, servants or agents; and "**State Association**" has the same meaning as in the PA constitution and where the context so permits, the State Association in which you apply to become a member.
2. **If my application for membership is accepted I will be a member** of PA and the State Association. I acknowledge my membership will be deemed to be accepted upon my participation in PA Activities and I acknowledge that I will be bound by and agree to comply with the constitutions, regulations and policies of the Paddling Organisations of which I become a member.
3. **Warning:** Paddling activities can be inherently dangerous. I acknowledge that I am exposed to certain risks during PA Activities including but not limited to:
 - I may be physically or mentally injured, impaired, maimed or killed;
 - other participants may act dangerously or with lack of skill;
 - conditions may be hazardous and may vary without warning or predictability;
 - organisers, officials, watercourse owners/operators and any agents or representatives of any of them, in charge of an event may be obliged to make decisions under pressure of time and/or events;
 - any policy of insurance of or in respect of my life or physical or mental health may be avoided;
 - there may be no or no adequate facilities for treatment or transport of me if I suffer injury;
 - my property may be damaged, lost or destroyed.

I have voluntarily read and understood this warning and accept and assume the inherent risks in participating in the PA Activities.

4. **Exclusion of Implied Terms:** I acknowledge that where I am a consumer of recreational services, as defined by any relevant law, certain terms and rights usually implied into a contract for the supply of goods or services may be excluded. I acknowledge that these implied terms and rights and any liability of the Paddling Organisations (or any of them) flowing from them.
5. **Medical Treatment:** I consent to receiving any medical treatment that a Paddling Organisation reasonably considers necessary or desirable for me during my participation in PA Activities. I also agree to reimburse the relevant Paddling Organisation for any costs or expenses incurred in providing me with medical treatment.
6. **Right to Use Image:** I acknowledge and consent to photographs and electronic images being taken of me during my participation in any PA Activities. I acknowledge and agree that such photographs and electronic images are owned by PA or my State Association and that the Paddling Organisations may use the photographs for promotional or other purposes without my further consent being necessary. I consent to the Paddling Organisations using my name, image, likeness and also my performance in the PA Activities, at any time, by any form of media, to promote the PA Activities.

7. **Privacy:** I understand that the information I have provided [*overleaf/above*] is necessary for the objects of the Paddling Organisations. I acknowledge and agree that the information will be disclosed by my State Association to PA and will only be used for the objects of the Paddling Organisations, Paddling Organisation general business and to provide me with membership services. I understand that I will be able to access the information through my State Association. If the information is not provided my membership application may be rejected.
8. I acknowledge that the Paddling Organisations may also use my personal information for the purposes of providing me with promotional material from Paddling Organisation sponsors or third parties. I may advise my State Association if I do not wish to receive from the Paddling Organisations, any sponsor or third party promotional material.
9. **Severance:** If any provision of this membership declaration is invalid or unenforceable in any jurisdiction, the phrase or clause is to be read down for the purpose of that jurisdiction, if possible, so as to be valid and enforceable. If the phrase or clause cannot be so read down it will be severed to the extent of the invalidity or unenforceability. Such severance does not affect the remaining provisions of this membership declaration or affect the validity or enforceability of it in any other jurisdiction.
10. **Governing Law:** This declaration is governed by and construed in accordance with the law of the State of New South Wales and the parties irrevocably submit to the jurisdiction of the courts of that State.
11. **I have provided the information required above** and I warrant that all information provided is true and correct. I acknowledge this membership declaration cannot be amended. If I do amend it my application will be null and void. It cannot be accepted by PA.

I have read, understood, acknowledge and agree to the above terms including the warning and exclusion of implied terms.

Where the applicant is under 18 years of age this declaration must also be signed by the applicant's parent or legal guardian.

I,.....
am **the parent or guardian** of the applicant. I authorise and consent to the applicant undertaking the Paddling Activities. In consideration of the applicant's membership in PA and the State Association being accepted, I expressly agree to be responsible for the applicant's behaviour and agree to accept in my capacity as parent or guardian, the terms set out in this membership declaration. In addition, I agree to be bound by and to comply with the PA and State Association constitutions and any regulations and policies made under them.

Parent's signature _____
(Where applicant under 18 years of age)

Date _____

If applicant over the age of 18

Signature _____

Date _____

Application for membership

October 2018 – September 2019

1 Affiliated Club name – CHAMPION LAKES BOATING CLUB

2 Applicants Personal details

I hereby apply for membership of Paddle Australia, Paddle Western Australia and the Affiliated Club as named above. I have read, understood, acknowledge and agree to the declaration and application overleaf. I have signed that declaration and application.

Title	Given name	Last name	Gender
Address			
Suburb		State	Postcode
Date of birth		Email	

3 Please tick if you **do not** wish to receive the Paddle WA E-news.

4 Other Affiliated Club memberships (please list) _____

5 Membership Type (PLEASE TICK)

- | | | |
|--|--|--|
| <input type="checkbox"/> Adult | <input type="checkbox"/> Junior | <input type="checkbox"/> Event Licence (per event) |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Regional Senior | <input type="checkbox"/> Regional Junior |
| <input type="checkbox"/> Second Club | <input type="checkbox"/> Come & Try | <input type="checkbox"/> Aged Pensioners |
| <input type="checkbox"/> CWA Life Member | <input type="checkbox"/> Volunteer | |

6 Medical details

If you suffer or have suffered from any disease or physical or mental disability (e.g. epilepsy, diabetes, or any permanent disability to a limb, eye or ear) likely to affect your efficiency, it may affect your safety and the safety of the public.

You should consult your medical practitioner and PA/Paddle WA prior to commencing any canoeing activity.

Have you read this section? (Circle one) Yes or No

Please list medical conditions: _____

7 Emergency contact:

Family name		Given name	Relationship
Address			
Phone	Work	Mobile	

8 Declaration

I have read, understood, acknowledge and agree to the declaration and application overleaf. I have signed that declaration and application. I warrant that all information provided is true and correct.

Signature	Date
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9 Parent/Legal guardian consent (Under 18 years of age)

I have read, understood, acknowledge and agree to the declaration and application and conditions of membership overleaf and I personally consent to the declaration and application for Membership of the applicant.

Family name	Given name
Signature	Date

10 Club Committee use only

Date Received: _____ Amount Received: \$ _____

Accepted Rejected

Signature of Affiliated Club Officer _____ Date _____

Declaration must be signed to validate membership application