



Ancient Arts Fellowship Inc.



Application for Membership

I, _____
(Full name of applicant)

of _____
(Address)

apply to become a member of the incorporated association. If I am admitted as a member, I agree to be bound by the rules of the association for the time being in force.

(Signature of applicant)

(Date)

Home ph: _____

Work ph: _____

Mobile: _____

Email: _____

Do you give permission for your details to be put on a member's only contact list?

Yes No Under 18

Are there any details you would prefer not to be listed? Please detail these below.

Do you have any food restrictions, allergies or medical conditions? Yes No

Amount Paid: _____ Full Time Employed

Date Paid: _____ Student / Concession

Receipt No: _____ Child (under 14)

Approved by the Committee

Signature: _____ Date: _____ Member No. _____

(AAF is incorporated under the Associations Incorporation Act 1991)

INDEMNITY DECLARATION

I the undersigned hereby agree that the Ancient Arts Fellowship Inc., or any member thereof and/or any person associated in any way with the conduct of the said Ancient Arts Fellowship Inc. (all of which persons and Associations are severally and jointly included in the term "indemnified") shall not be deemed responsible or liable in any way for any injury, illness or mishap to me, sustained in, arising from or out of, or in any way directly or indirectly connected with any travelling, training, combat, workshops, displays or feasts of whatsoever nature held in conjunction with competitions, demonstrations, events or functions arranged by the indemnified, or prior to or subsequent thereof, if in any way connected directly or indirectly with the said events, and I hereby indemnify the "indemnified" against any actions, suits courses in action, demands and claims by me,

(PRINT MEMBER'S NAME) : _____

(MEMBER'S DATE OF BIRTH): _____

Responsibility of Combatants:

Combatants arm, equip and clothe themselves and are responsible for the maintenance and the safety of their equipment and fight on their own responsibility and at their own risk.

The safety measures and methods of control laid down in the present rules are designed to supplement the combatant's safety and cannot guarantee it. They cannot, therefore, whatever the manner in which they are applied, impart responsibility to the AAF, or to the organisers of competitions, demonstrations, events or functions or to officials who carry out such organisation, or to those who may cause the accident.

I agree:

1. that I have read and understand (a) the Indemnity Declaration, (b) Responsibility of Combatants; and
2. to abide by such rules as Ancient Arts Fellowship Inc.'s Committee may from time to time establish.

SIGNATURES

Member's signature: _____ **Address:** _____

Date: _____

Legal Guardian: (if the member is under the age of 18, a parent/legal guardian must sign below)

Print Name: _____ **Address:** _____

Signature: _____

Date: _____

Witness:

Print Name: _____ **Address:** _____

Signature: _____

Date: _____

Validated by Committee Member:

Signature: _____ **Date:** _____