

# Ancient Arts Fellowship

## *Membership Form*

Name:

Membership Number:

Full-Time Employee

Date:

Concession

Amount Paid:

ANU

Address:

Phone Numbers:

Home:

Work:

Mobile:

Email:

Food Restrictions, Allergies, Medical Conditions?

Interests (i.e. preferred period of history):

Member's Signature:

Council Signature:

Receipt Number:

## 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:*)

### **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 organizers of competitions, demonstrations, events or functions or to officials who carry out such organization, 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:.
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 here below)

Print Name:

Address:

Signature:

Date:

### **Witness**

Print Name:

Address:

Signature:

Date:

### **Validated By Committee Member**

Signature:

Date: