



9411 Eureka Road
Girard, PA 16417

SHED USER APPLICATION FORM

Name _____

Date _____

Address _____

Cell Phone (____) _____ - _____

Other Phone (____) _____ - _____

City/State/Zip _____

Age (optional) _____

Email _____

All users of the Men's Shed must be
at least 18 years of age.

Check the circle if you would like the quarterly Shed Newsletter emailed to you.

Occupation(s) (Past or Present) _____

Please note any health conditions or medications which may affect your capacity to safely operate machinery or power tools:

Work skills, interests, and/or hobbies you would like to develop:

Work skills, interests, and/or hobbies you would like to share:

How did you hear about our Men's Shed?

EMERGENCY CONTACT:

Name _____ Phone _____ Relationship _____

over

Waiver of Liability

I, _____, confirm that I fully understand and accept the risks associated with participating in David's Memorial Men's Shed of Northwestern PA programs, including risk of personal injury and death.

I agree to wear appropriate safety clothing and other forms of protection including, but not limited to, safety goggles and ear protection. I will abide by the Code of Conduct and Safety Rules provided to me and I will take other steps reasonably necessary to ensure my safety and the safety of others at all times.

I further acknowledge and accept that neither David's Memorial Men's Shed Northwestern PA, its successors or assigns, nor any of its trustees, employees, or affiliates shall be liable for any direct or indirect loss or damage of injury (except in instances of death or injury caused by the negligence of such persons) arising from or in connection with my participation in the Men's Shed programs, and I waive all and any claims in this respect.

I accept that I will be responsible for any injury I cause to others, and I undertake to comply fully with any instructions I may receive from the Men's Shed or any of its affiliates with regards to the use of the facilities and equipment provided.

I confirm that, to the best of my knowledge (having made all reasonable checks and enquiries), I do not suffer from any medical or other conditions which may increase the likelihood of my involvement in an incident which could result in injury to myself or others.

I hereby grant and convey all right, title, and interest in any and all photographic images and video or audio recordings made by David's Memorial Men's Shed Northwestern PA during my participation in Shed activities, including but not limited to any royalties, proceeds, or other benefits derived from such photographs and recordings.

I agree that in the event that any clause or provision of this waiver and release shall be held invalid by any court of competent jurisdiction, the invalidity of such a clause or provision shall not otherwise affect the remaining provisions of this waiver and release, which shall continue to be enforceable.

I agree that all claims or litigation arising from my participation in Shed activities will be governed by the laws of the Commonwealth of Pennsylvania.

I certify that I have read this document and I fully understand its content. I am aware that this document is a contractual release from liability and that I sign it of my own free will.

Signature

Date