



Groombridge Men's Shed

Groombridge Village Hall
Station Road
Groombridge
East Sussex, TN3 9QX

Registered Charity No. 1188369

groombridgemensshed.co.uk

Membership Form

Please complete the form to become a member of Groombridge Men's Shed, including the declarations below.

Personal Information

Name:	<input type="text"/>	Known as:	<input type="text"/>
Address:	<input type="text"/>		
Town:	<input type="text"/>	Postcode:	<input type="text"/>
DOB:	<input type="text"/>	Email:	<input type="text"/>
Tel.No.:	<input type="text"/>	Mobile No.:	<input type="text"/>

What activities are you interested in?

I would like to be considered for a role in the Shed's management group Y/N

Emergency Contacts

Contact name:	<input type="text"/>	Tel. No.:	<input type="text"/>
Relationship:	<input type="text"/>		
Doctor:	<input type="text"/>	Tel.No.:	<input type="text"/>

Please list any conditions and medication we should be aware of in case of emergency (e.g. diabetes, epilepsy) :

Declarations

Groombridge Mens Shed is referred to below as "GMS".

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 GMS excludes all liability to the full extent permitted by law and accept that not GMS 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.

Health

I understand that I must disclose details about my health that might affect me in carrying out the activities in GMS. I understand that GMS 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.

Privacy

I consent to the collection and use of my personal information for the purposes of my membership of GMS and in GMS communicating information to me.

I understand that from time to time photographs and videos may be taken within the Shed. I consent to their use by GMS 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.

ALL medical and personal information will be treated as confidential and held securely. Your information will never be distributed, sold or shared with third parties not stated above, except if required by law.

I hereby consent that I have read, understood and agree to the above statement.