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Membership application 2018 (membership for Calendar year)

Membership Type Family $80

Circle Single $40 Pensioner $20

Club No:…………....if applicable

Family Name…………………………..……….. Given Name………………………………..Date of Birth………………………..

Address:……………………………………………………………………………..

Suburb:…………………………………………………………Postcode: ……………….

Email address:…………………………………….……………………… Mobile:…….………………………… Home:………………………….

Occupation:…………………………………….……………

First aider: Yes/No

Permission to publicize image on Social Media ( HBRC Face book) Yes/No

Permission to distribute contact details with HBRC members yes/No

Medical History (voluntary declaration) provided to medical staff in case of medical emergency.

List any existing medical conditions:…………………………………………………………………………………………………………

List any prescription medicines taken:……………………………………………………………………………………………………..

Next of kin for emergency contact:……………………………..…. NOK contact No:………………………

In consideration of and as a condition of membership of the Hobsons Bay Running Club, I for myself, heirs, executors and administrators, hereby waive all and any claim, right of courses of action, which I or any respective heirs, executors and administrators might otherwise have, either now or in the future for or arising out of a loss or injury, damage or loss of any description whatsoever and howsoever caused including negligence suffered or sustained in the course of , consequent upon or incidental to my membership of the Hobsons Bay Running Club or my participation in any event or function conducted by the Hobsons Bay Running Club and this release shall operate separately in favour of all persons, bodies, agents, representatives, officials, marshals, officers and members of the Hobsons Bay Running Club.

Signed…………………………………………………………………….. Date : / / Date paid………………………………

**Direct Payment via Bendigo Bank BSB 633-000 A/C No. 104589502 add reference Name and No -if Applicable**