



**Arnprior McNab Braeside
Men's Shed –
a SALC Program**

MEN'S SHED MEMBERSHIP FORM

To become a member of the Arnprior McNab/Braeside Men's Shed, applicants must be a member of the Seniors' Active Living Centre (SALC). The fee for Men's Shed Membership is **\$20 per month**, payable to the SALC, in addition to the annual SALC membership fee. All Men's Shed Members must supply their own ear and eye protection equipment.

Location: The Men's Shed is located at **328 Nieman Drive, McNab/Braeside.**

Open Hours: Tuesdays and Thursdays, 8:00 a.m. to 4:00 p.m.

Applicant's Details

SALC Membership Number:	Date:
First Name:	Surname:
Address:	
Postal Code:	Date of Birth:
Telephone number	Mobile number:
Email address:	

1. What skills or experience could you bring to the Men's Shed? For example, do you have any woodworking, wood shop and/or mechanical experience that you'd be willing to share?

2. Do you have tool safety instruction experience? In what capacity?

3. What activities interest you – or would you like to be better at? (e.g. woodworking, metalworking, wood turning, etc...)

4. How do you see your involvement in the Men’s Shed? (check as many as apply)

- Interested in having a place to go, to meet and chat with others.
- Would like to participate in activities organized by others.
- To work with my hands.
- Would be willing to help organize and participate in activities.
- Other (please specify): _____

6. What days/times are you most likely able to come to the Men’s Shed? (check as many as apply)

- All day Tuesdays & Thursdays from 8am to 4pm
- Tuesday mornings (8 am- noon)
- Tuesday afternoons (Noon- 4pm)
- Thursday mornings (8 am- noon)
- Thursday afternoons (Noon- 4pm)

7. Do you have a vehicle? Yes No

Are you willing to car pool/ride share? Yes Maybe No

Terms: In order to be accepted as a member of the Men’s Shed you need to:

- Complete this Applicant information in full;
- Acknowledge (sign) the Disclaimer and Privacy Statement;
- Acknowledge (sign) the attached Liability Waiver release.
- Agree to comply with the **Safety Policy**.

EMERGENCY CONTACT

Name:

Telephone number(s):

Relationship to you?

Do you have any medical conditions we should know about?

DISCLAIMER

- I confirm that I have read and understand the terms of this Membership Form, and fully understand and accept the risks associated with participating in the Men's Shed programme, including the risk of personal injury or death.
- I agree to wear eye and ear protection and to comply with safety instructions provided to me upon sign up. 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 the Men's Shed nor any of its trustees, employees or affiliates shall be liable for any direct or indirect loss, damage of injury (except in instances of death or personal injury caused by the negligence of such persons) arising from or in connection with my participation in the Men's Shed program, 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 instruction I may have received 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 condition which might increase the likelihood of my involvement in an incident which could result in injury to myself or others.

Applicant's Signature _____

Date _____

PRIVACY STATEMENT

The Arnprior McNab/Braeside Men's Shed collects personal information from its members to:

- Allow the provision to members of information they have requested.
- Allow photographs to be taken as part of Men's Shed publicity and promotions.
- Provide members with information on products and services offered by the Men's Shed and its affiliates.
- Use their name, address, email address and telephone numbers to advise them of Men's Shed activities.

DECLARATION

The details provided by me are correct and I have read and understand the above privacy statement, code of conduct and health and safety policy statement.

Please complete this Membership Form and return to:

Men's Shed
c/o The SALC
77-B Madawaska Street
Arnprior, Ontario
K7S 2S1

Men's Shed Membership Fees:

The **monthly fee** for Membership to the Arnprior McNab/Braeside Men's Shed is **\$20**. The fee is payable at the beginning of each month. Payments in three-month increments are encouraged.

Methods of payment:

1. In person – payment can be made by visiting the SALC at 77B Madawaska Street in Arnprior.
2. By cheque – sending personal cheque, made payable to the SALC and writing "Men's Shed" on the cheque.

**Liability Waiver Release for
Participation in Men's Shed**

**THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS AND LIABILITIES. PLEASE
READ CAREFULLY:**

In consideration of my _____ (first name and last name)
request to participate in _____ the Men's Shed Program as part of
the Seniors Active Living Center, I agree and consent to the following:

I am voluntarily participating in the above named activity. I recognize that the
program requires the use woodworking tools and machinery that may cause
physical injury.

I understand that it is my responsibility to consult with a physician prior to and
regarding my participation in the above mentioned program. I represent and
warrant that I have no medical condition that would prevent my participation in
the program.

I agree to assume full responsibility for any known, unknown, obvious and
foreseeable risks, dangers, harms, injuries or damage which I might incur as a
result of participating in the above described activity, including Arnprior Regional
Health's own negligence. Such risks, dangers, harms, injuries or damage may
include, but are not limited to cuts, muscle strains, broken bones, injuries to
knees, injuries to back, disability other illness or soreness and death.



I knowingly, voluntarily and expressly waive any claim I may have against Arnprior Regional Health for injury or damages that I may sustain as a result of participating in the program.

I, my heirs or representatives forever release waive, discharge and covenant not to sue the Arnprior Regional Health or _____ for any injury or death caused by their negligence or other acts.

I have read the above waiver and release of liability and fully understand its contents. I agree that I have been provided an opportunity to ask questions about this Liability Release. Further I agree that my questions have been answered to my satisfaction. I voluntarily agree to the terms and conditions stated above.

_____ Date: ____/____/____
Signature

Print Name: _____