



WALKING FOOTBALL SPAIN

www.walkingfootballspain.com

MEMBER REGISTRATION FORM

For the subscription year 1<sup>st</sup> October 2021 to 30 September 2022

Please complete the 3 pages, read and sign and date the 2 boxes below.

**Personal Information**

Member Name:

Date of Birth:

Passport /TIE/NIE number:

Are you resident in Spain Y/N

Email address:

Home Address:

Telephone contact:

Next of Kin:

Relationship:

Next of Kin telephone contact:

Current Medical Status: fit / ill or injured / unsure (Please indicate)

Please list any current medical conditions or disabilities or Allergies:

Please state any current medication:

Doctor's name:

Doctor's contact Number:



## **Code of Conduct**

I understand, agree and accept that Walking Football Spain is a private members club (hereinafter "the club") and not a formal association. The club comprises individual members who wish to come together to play walking football in an enjoyable, safe and inclusive environment. The members will appoint (by majority vote) a Coordination group (and Chairman Of same) to carry out administrative matters relating to the club and its members. I understand that the individual members of the Coordination Group have no ownership interests in the club either implicitly or explicitly.

I agree that I will -

- treat all members with respect both on and off the field
- play fairly and honestly and refrain from deliberate physical contact
- observe and abide by all of the rules, regulations, policies of the club as may be in force from time to time
- observe and abide by decisions made by the Coordination group and its Chair insofar as these decisions are deemed to be in the interest of the majority of the club's members

## **Marketing**

From time-to-time members will be asked to take pictures, videos or write material for promotional use in local, regional national or international media and social media (collectively "promotional material"). Such promotional material will be used solely to enhance the profile and achieve publicity for the club.

I agree to the use of promotional material for the stated purposes and relinquish full copyright of such material and agree to the right of reproduction either wholly or in part.

## **Declaration**

I agree to be registered as a member of Walking Football Spain for the period from 1 October 2021 to 30 September 2022 (or date of signing whichever is the later). I give my unconditional consent to the club, the Coordination group and other members to store and process the information required for my registration and communications to and from the club, the Coordination group and other members in any manner deemed fit and proper.

I confirm understand, accept and agree all of the above and that the information provided on this form is correct to the best of my knowledge. I confirm that I am healthy and well enough to partake in physical exercise and understand that it is my responsibility to seek the advice and approval of appropriate medical expertise before undertaking regular exercise

Signed..... Dated:

**INSURANCE DISCLAIMER and RELEASE WAIVER**

WALKING FOOTBALL SPAIN (WFS) is a private members club (hereinafter the club" or "WFS") providing the opportunity for its registered members to partake in a walking football experience in an enjoyable, safe and inclusive environment. The club will seek to insure all registered members for Third Party Liability (said insurance will need to be taken out in the name of an individual member as the club is not a formally registered association). Notwithstanding the aforementioned Third Party liability insurance which may be secured I understand that I may be liable for any Third Party claims resulting from my participation in club activities or other activities (including social activities) incidental thereto the club is not responsible for any injury or loss of property to any person suffered while playing, practising, training or in any other way involved in the club for any reason whatsoever including ordinary negligence on the part WFS or agents, appointed officers, sponsors volunteers, the owners and lessors of the premises and all others who are involved. In consideration of my being allowed to participate in any way in WFS related events and activities, I hereby release and covenant not to sue WFS and any of its agents, appointed officers, instructors or trainers from any or all present and future claims resulting from ordinary negligence on the part of WFS or others listed for property damage, personal injury or wrongful death arising as a result of my engaging in or receiving instructions at WFS programmes or activities incidental thereto, wherever, whenever or however the same may occur. I hereby voluntarily waive any and all claims resulting from ordinary negligence both present and future that may be made by me, my family, estate, heirs or assigns. Further, I am aware that sports can be vigorous involving at times, severe cardiovascular stress and violent physical contact. I understand accept and agree that sports involve certain risks including but not limited to injury, death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles and internal organs and that equipment provided for my protection may be inadequate to prevent said serious injuries. Further, I understand that football (including walking football) involves a particularly high risk of ankle, knee, leg and hip injury. In addition, I understand, accept and agree that participation in WFS involves activities incidental thereto including, but not limited to, travel to and from the site activity, participants at sites that may be remote from available medical assistance and potential and possible reckless conduct of other participants. I am voluntarily participating in WFS activities with knowledge of the danger and risks involved and hereby agree to accept any and all inherent risks of property damage, personal injury or death- I further agree to indemnify and hold harmless WFS and others listed for any and all claims arising as a result of my engaging or receiving instruction in WFS activities or any activities incidental thereto wherever, whenever and or however the same may occur. I have private insurance coverage for myself and will list the carrier and policy number below. In the absence of this information, I assume all liability for such expenses. I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of Spain and agree that if any portion is held invalid then the remainder will continue in full legal force and effect.

**RELEASE WAIVER**

Member's name:

Address:

Contact telephone number:

Date:

Health Insurance Carrier:

Policy Number:

Signature:..... Dated: