



GERALDTON 4 WD CLUB INC INDEMNITY FORM



In Consideration of the **Geraldton Four Wheel Drive Club Incorporated** ('The Club')
accepting my/our application for membership of the Club

I/WE DO HEREBY indemnify the Club and its officers, members, servants and/or Agents
from or against any damages or loss which may befall on or occur to me, my spouse, my
children, my guests, my visitors or their property as a consequence of or arising directly or
indirectly out of the Club/s activities or functions.

I/We further authorise any officers, members, or servants of the Club in the event of any injury
or illness befalling me or my family whilst I/We are participating in any way in any Club activity
or function to obtain any medical assistance or treatment they may deem necessary or expedient
and for this purpose to engage any doctors, Para medics, nursing assistance, hospital
accommodation or transport of any kind and I/We do hereby indemnify the Club from or against
any medical or other expenses so incurred and will pay such expenses to the Club on demand.

I/We acknowledge that whilst the Club may hold certain insurance covers from time to time it
has no obligation to me, my guests, or visitors, to insure against all or any loss or damage that
I/We or they may suffer.

DATED this _____ day of _____ 20_____

NAME Applicant: (Please Print) _____

SIGNATURE Applicant: _____

PARTNER NAME: (Please Print) _____

SIGNATURE Partner: _____ (Joint Membership Only)

Note in the event of a Joint Membership, both the applicant and the partner must sign this form.

Please forward completed form to:

**The Secretary
Geraldton 4 Wheel Drive Club Inc
P.O. Box 1709
GERALDTON WA 6531**

**or
Email Address to : gton4wd@westnet.com.au**