

MEMBER STATEMENT

- I would like to be a member of Best Buddies
- *[If you are under 18 years of age]* My parent or guardian has given me permission to join Best Buddies
- I understand that, if I participate in Best Buddies activities, I might be at risk of injury
- I understand that Best Buddies may refuse to let me participate in a specific activity because any particular disability or medical condition that I have would make it unsafe for me to take part
- I understand that I participate in Best Buddies activities at my own risk, and Best Buddies will not be responsible if I am injured
- I agree that Best Buddies may take and use photographs of me for publicity/marketing purposes
- I agree to allow Best Buddies to use or disclose any information I have given in this form or when I participate in Best Buddies activities to:
 - organise the activities
 - decide whether I should participate in activities
 - provide first aid and/or contact and assist a doctor who is looking after me
- I declare that I am not a Prohibited Person and that I have not been included on a list of people who are not allowed to be involved in activities with children, and I will complete a Prohibited Employment Declaration check (see attached form)
- I understand that Best Buddies may refuse me membership or cancel my membership if I treat any person badly (including by breaking any child protection laws), or if I have told a lie about anything in this form
- The information that I have given in this form is true and accurate to the best of my knowledge
- I will tell Best Buddies immediately if any of the information I have given changes, for example, if my health or disability changes
- I will sign a new form if I turn 18 while I am a Best Buddies member.
- I have read and understood the Activity Statement.