

Walker Bay Radio Flyers Membership Application

Full Names	
SA ID Number / Passport Number	
Physical Address	
Mobile number	
Email address	
SAMAA No.	
SAMAA Proficiency	
RCASA No.	
RCASA Proficiency	
RCASA Expiry Date	
Emergency Contact Name	
Emergency – Relationship	
Emergency – Mobile Number	
If under 18 – Parent / Guardian Name	
Parent / Guardian Signature	

- Please email your signed application to wbradioflying@gmail.com
- You will receive an invoice which includes WBRF banking details.

I hereby apply for membership of the club. I have read and understand the SAFETY RULES and the CONSTITUTION and agree to abide by them.

Name: _____

Signature: _____

WALKER BAY RADIO FLYING CLUB

NOTICE OF INDEMNITY AND WAIVER OF LIABILITY

IMPORTANT NOTICE: BY ENTERING WBRF CLUB PREMISES AND / OR PARTICIPATING IN ACTIVITIES, YOU AGREE TO THE TERMS BELOW. PLEASE READ CAREFULLY.

1. Acknowledgement of Risk

I, the undersigned, hereby acknowledge that:

- operating or observing radio-controlled aircraft involves inherent risks, including but not limited to injury, property damage, or death;
- these risks may arise from mechanical failure, operator error, environmental conditions, or unforeseen incidents;
- that I voluntarily choose to participate in or observe these activities fully aware of these risks.

2. Assumption of Risk

I freely and voluntarily assume all risks associated with participating in or observing any activities at or organised by the Walker Bay Radio Flyers, whether those risks are known or unknown, foreseeable or not.

3. Indemnity and Waiver

I hereby irrevocably indemnify and hold harmless Walker Bay Radio Flyers, its Committee Members, Officials, Employees, Agents, Landowners, Sponsors, Affiliates, and Fellow Participants (collectively, "the Indemnified Parties") from any and all claims, demands, damages, losses, liabilities, costs, or expenses arising from:

- Injury or death to myself or any person under my supervision;
- loss of or damage to property;
- any act or omission by any of the Indemnified Parties, whether negligent or otherwise;

Initial: _____

- arising directly or indirectly out of my presence at, participation in, or association with the club's premises or activities.

4. Minors

Where the participant is a minor (under 18 years), I confirm that I am the parent or legal guardian and that I accept these terms on their behalf.

5. Medical and Emergency

I consent to receive emergency medical first aid treatment deemed necessary in the event of injury or illness while on the club's premises or during events. I accept full responsibility for any medical or related expenses.

6. Binding Effect

This indemnity shall be binding on me, my heirs, executors, administrators, and assigns.

7. Jurisdiction

This indemnity shall be governed by and interpreted in accordance with the laws of the Republic of South Africa.

Please add me to the Club Email Distribution List Yes? ☐ No? ☐

Please add me to the Club WhatsApp Group Yes? ☐ No? ☐

Full Names of Member

Full Names of Parent / Legal Guardian

Date: _____

Date: _____

Signature:

Parent / Legal Guardian Signature (if applicable):