Operated by: Living Options Devon: Registered Charity Number 1102489

Countryside Mobility Membership Form – Part 1

FOR COMPLETION BY THE VISITOR

* On completion please hand this to the member of staff or volunteer hiring the Tramper to you.
* On successfully completing the Tramper induction you will be asked to take a Proof of Membership certificate
* Retain this for when you want to use a Tramper again during the period of your membership
* If you have taken out an Annual Membership we will send you a card but use the certificate for now.

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| Personal Details – Please PRINT CLEARLY to allow us to process your information correctly | | | | | | | | | | | | | | |
| Title  (Mr, Mrs, Ms, etc) | | | | First Name: | | Surname: | | | | | | | Date of Birth:  (mandatory) | |
| Home  Address: | | | | | | | | | | | | | Post Code: | |
| Email: | | | | | | | | | | Mobile  telephone: | | | | |
| Home  telephone: | | | | | | | | Emergency contact name /  telephone number: | | | | | | |
| Membership Type – Please put an X in the box beside the relevant type | | | | | | | | | | | | | | |
|  | Annual (12 months) | | | | £10.00 | |  | |  | | Upgrade from Taster to Annual | | | £7.50 |
|  | Taster (2 weeks) | | | | £2.50 | |
|  | |  | | Renewal of Annual Membership | | | £10.00 |
| Help Countryside Mobility Grow! | | | | | | | | | | | | | | | |
| I want to Gift Aid my donation of £ and any donations I make in the future to Living Options Devon.  By putting an X in this box I confirm I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference. | | | | | | | | | | | | | | | |
| Member Declaration - to be signed by applicant (or parent/guardian if above named person is under 18) | | | | | | | | | | | | | | | |
| Medical  and  Health Conditions | | | I declare that I have read and understood the *Health and Medical Guidance* and I DO NOT HAVE any health or medical conditions that could affect my safety or I HAVE CONSULTED A MEDICAL PROFESSIONAL and have been advised that it is safe for me to use a Tramper. | | | | | | | | | | | | |
| I agree to accept responsibility for omissions regarding my health or medical condition and understand this could endanger my personal safety and might put other people at risk. | | | | | | | | | | | | |
| Terms and Conditions  of Use | | | I declare that I have read and agree to abide by the *Terms and Conditions of Use* and will be able to operate the Tramper safely. I understand that if I disregard these Terms and Conditions of use that I may be endangering my personal safety, Countryside Mobility or the host site will not be liable for any accidents or injury and I will not be able to hire a Tramper again. | | | | | | | | | | | | |
| Member’s Signature: | | | | | | | | | | | | Date: | | | |
| Email | Post | Tick all the boxes that apply to tell us how you’d like to hear from us: | | | | | | | | | | | | | |
|  |  | I would like to receive occasional newsletters and additional updates about Countryside Mobility | | | | | | | | | | | | | |
|  |  | I would like to receive updates about the charity that runs Countryside Mobility, Living Options Devon | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | |
| Countryside Mobility, Living Options Devon, Ground Floor Units 3-4, Cranmere Court, Exeter, EX2 8PW  info@countrysidemobility.org www.countrysidemobility.org | | | | | | | | | | | | | | | |

Medical and Health Information

The following requirements are essential for your safety:

* The recommended maximum weight to operate a Tramper is 25 stone (159kg).

At specific sites this may be lowered slightly due to the characteristics of the terrain.

* You should be able to read a vehicle number plate from a distance of 6 metres and have no significant visual impairment that would prevent you from reading safety signs, avoiding obstacles or other hazards.
* You should have sufficient upper body strength, upper limb mobility and hand dexterity to grip both Tramper handlebar grips securely and operate the twist grip.

1. You should consult your doctor before using a Tramper if:

* You have a medical condition that causes / could cause seizures or convulsions; or that affects / could affect your memory, level of consciousness or alertness, balance, mood, or anxiety levels
* You have a history of back problems or spinal conditions.

1. Learning difficulties or developmental conditions:

* Tramper users must have sufficient learning abilities to understand information presented by the instructor, be able to operate and safely control the Tramper, identify and avoid hazards, and to react to changes in the surrounding environment.

Terms and Conditions of Use

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| * I understand I am responsible for my own safety, that I must use the Tramper as instructed by site staff and with regard for the safety of other visitors at sites |
| * I understand that I can only use the Tramper on recommended routes that have been safety audited and explained to me by staff at the hire location. If I choose to take the Tramper on any other routes or areas I understand this may affect my safety and do this entirely at my own risk. |
| * I agree to note potential hazards that site staff bring to my attention, and understand that the route conditions may change depending on the weather. |
| * I understand that I will need to be accompanied by a non-disabled person at some sites. |
| * If using the Tramper unaccompanied at a site that permits this, I will carry a working mobile phone and site emergency telephone number, and follow any additional safety procedures given to me by site staff. |
| * I am 14 years of age or older. If aged 14-18 years old I will always be accompanied by a parent, guardian, personal assistant or carer regardless of whether a site permits users to be unaccompanied. |
| * I understand CMSW provides third party insurance and that this insurance is only valid if I abide strictly to the Terms & Conditions of use (not provided at ‘affiliated sites’ – please check with site for details). |
| * In the event I cause accidental damage or injury to third party property, and need to make an insurance claim but can claim under another policy, I understand CMSW insurers will only pay a share of the claim and that I must supply CMSW with the name and policy number of my insurance company. |
| * I agree not to use the Tramper when under the influence of alcohol or drugs, or medication which could affect my ability to safely operate the Tramper. |
| * I agree not to do anything to the Tramper except to make any necessary adjustments to the seat and handlebar controls and I will not hang anything on the Tramper handlebars or arm-rests. |
| * I will not allow anyone else to use the Tramper, carry passengers or animals, or be in control of a pet on a lead (registered Assistance Dogs permitted) |
| * I agree to notify staff of any incident, accident, damage or operational difficulty involving the Tramper and complete a statement detailing the circumstances. |
| * I will return the Tramper within the agreed time and understand that failure to do so will initiate emergency/recovery procedures |
| * I agree to leave photo ID or car keys for security, which will be returned to me when I return the Tramper in the same condition as when it was issued |
| * I agree not to leave the Tramper unattended, unless I have removed the key and kept it with me, and it is not causing an obstruction |
| * I agree to pay the full cost of any necessary repairs resulting from misuse of the Tramper |

Privacy Policy

Countryside Mobility is part of Living Options Devon. We take your privacy seriously. Our privacy policy (www.livingoptions.org) explains how we will use any personal information we collect about you when you use any of our services or get involved with any of our projects. Alternatively, you can ask us to send a printed copy to you.