MAUD | DART

MEMBERSHIP AGREEMENT

MEMBERSHIP #
(office use only) _____ DATE: _____

NAME _____

ADDRESS _____

PHONE NUMBER _____

EMAIL _____

EMERGENCY CONTACT _____

MEMBERSHIP TYPE: STANDARD ☐ CONCESSION ☐

CONCESSION NUMBER _____ EXPIRY _____
full time students, health care card holders

HAVE YOU USED DARKROOM IN THE PAST? YES ☐ NO ☐

IF YES, WHAT IS YOUR LEVEL OF COMPETENCY?

☐ BEGINNER - limited experience, previously worked under supervision only

☐ COMPETENT - able to work on my own, proficient with darkroom equipment and chemicals

☐ ADVANCED - have lots of experience in the darkroom environment

WITH YOUR LEVEL OF COMPETENCY, ARE YOU ABLE TO WORK UNSUPERVISED IN A SHARE-TYPE DARKROOM ENVIRONMENT, INCLUDING THE USE OF CHEMICALS AND WITHOUT DISTURBING OTHERS?

YES ☐ NO ☐

HAVE YOU READ AND SIGNED THE TERMS AND CONDITIONS OF THE DARKROOM MEMBERSHIP?

YES ☐ NO ☐

DO YOU UNDERSTAND THE POTENTIAL HEALTH RISKS ASSOCIATED WITH THE USE OF DARKROOM CHEMISTRY?

YES ☐ NO ☐

YOUR NAME _____

SIGNATURE _____ DATE _____

TERMS AND CONDITIONS OF MEMBERSHIP

MAUD | DART MEMBERSHIP IS AN ANNUAL MEMBERSHIP GIVING YOU ACCESS TO OUR DARKROOM AT RATES PUBLISHED ON OUR WEBSITE, IT INCLUDES 2 FREE DARKROOM HOURS PER ANNUM AND WORKING WITH DARKROOM EQUIPMENT INDUCTION.

BOOKINGS CAN BE MADE MINIMUM 3 DAYS AND MAXIMUM 3 MONTHS IN ADVANCE (SUBJECT TO AVAILABILITY) AND CANCELLATIONS MUST BE MADE MINIMUM 48 HOURS PRIOR TO BOOKING.

BOOKING DAYS AND TIMES MAY CHANGE WITHOUT NOTICE HOWEVER, EXISTING BOOKINGS WILL BE HONORED.

IN SIGNING BELOW YOU AGREE THAT **MAUD | D**ART TAKES NO RESPONSIBILITY FOR THE QUALITY OR OUTCOME OF PROCESSING OR PRINTING IN THIS FACILITY.

AS OUR DARKROOM IS HIRED OUT ON A SHARED-BOOKING BASES, YOU HAVE A RESPONSIBILITY TO BE AWARE OF AND COURTEOUS TO OTHER PEOPLE'S NEEDS AND SAFETY.

MAUD | DART IS NOT RESPONSIBLE FOR PERSONAL BELONGINGS OF OUR MEMBERS.

WHILE WE TAKE ALL CARE TO ENSURE YOUR SAFETY, BY SIGNING BELOW, YOU UNDERSTAND AND AGREE THAT YOU ARE LIABLE FOR THE HEALTH AND SAFETY RISKS OF WORKING IN THE DARKROOM. **MAUD | D**ART IS NOT RESPONSIBLE FOR YOUR HEALTH AND SAFETY.

I HAVE READ, UNDERSTOOD AND AGREE TO ABIDE BY THE AFOREMENTIONED TERMS AND CONDITIONS.

NAME _____

SIGNATURE _____

DATE _____