
SkullSpace Winnipeg Inc.

MEMBERSHIP AGREEMENT

Personal Information of Member			
Name:			
Email:			
Payment amount:	<input type="checkbox"/> Regular \$40	<input type="checkbox"/> Student \$20	<input type="checkbox"/> Even More \$
A: Drive Error Press F1 to Resume			

IN CONSIDERATION of being accepted as a member of SkullSpace Winnipeg Inc. (“**SkullSpace**”) and of being granted the rights and privileges of membership in **SkullSpace**, I hereby covenant and agree with **SkullSpace** as follows:

Assumption of Risk, Waiver and Indemnity

Acknowledgement of risk — I acknowledge that participating in **SkullSpace** and using its premises (the “Hackerspace”) carry with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another. The risks include, but are not limited to 1) minor injuries such as scratches, burns, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, dismemberment, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death.

Voluntary assumption of risk — I have read the previous paragraph and I understand and appreciate these and other risks that are inherent in my participation in **SkullSpace** and in my use of the

Hackerspace. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Waiver — I hereby agree to waive, and to release and discharge **SkullSpace** and its board of directors (“the board”) from, any and all claims for any loss or personal injury that might arise from my participation in **SkullSpace** or my use of the Hackerspace. I agree not to sue **SkullSpace** or any members of the board or former members of the board in respect of any such claim.

Indemnity — I also agree to indemnify and hold **SkullSpace** and the board harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in **SkullSpace** or my use of the Hackerspace, and to reimburse them for any such expenses incurred.

Liability for deductible amount under insurance claim

Liability for deductible under insurance claim — If

- I am responsible for any loss or injury to any person as a result of my participation in **SkullSpace** or the use of the Hackerspace by me or any guest of mine, and
- the loss or injury results in a claim under an insurance policy held by **SkullSpace**,

I acknowledge that I am expected to pay **SkullSpace**, upon demand by the board, or by an officer of **SkullSpace** as authorized by the board, the amount of the deductible under the insurance policy. Failure to do so is cause for suspension or revocation of my membership.

Confidentiality

Confidentiality agreement — I hereby agree not to disclose to any person other than another member of **SkullSpace**, any personal information obtained by me as a member of **SkullSpace** about another member or any financial information disclosed to me as a member of **SkullSpace**, unless —

- specifically authorized to do so by the board or by an officer of **SkullSpace**, or
- required by law to do so.

Notice of change of address, etc.

Notification — I agree to promptly notify the Secretary of **SkullSpace**, in writing, of any change in my personal information set out above.

Severability

Severability — I further agree that the assumption of risk, waiver and indemnity provisions of this agreement are intended to be as broad and inclusive as is permitted under the laws of Manitoba. If any of those provisions is held by a court to be invalid, I agree the remaining provisions shall nevertheless continue in full legal force and effect.

Binding on others

I agree that this membership agreement is binding not only on me, but also on my legal representatives, heirs, successors and assigns. It enures to the benefit of **SkullSpace** and its successors and assigns, and to the members of the board from time to time and their successors and assigns.

Signed and witnessed as follows:

Date

APPLICANT for Membership

WITNESS