

STRANGE NEIGHBOUR

DARKROOM MEMBERSHIP AGREEMENT

NAME _____ DATE _____

ADDRESS _____ PHONE _____

WEBSITE/BLOG/FLICKR _____

EMAIL _____

PREFERRED METHOD OF CONTACT: EMAIL PHONE TEXT

EMERGENCY CONTACT _____

MEMBERSHIP NO (TO BE FILLED IN BY SN) # _____

FULL PRICE

CONCESSION

FULLTIME STUDENT/HEALTHCARE/PENSIONER # _____ EXPIRY _____

WOULD YOU LIKE TO BE ADDED TO THE STRANGE NEIGHBOUR DATABASE TO RECEIVE INFORMATION ABOUT DARKROOM ___ GALLERY EXHIBITIONS ___ BOTH ___

HAVE YOU USED A DARKROOM BEFORE? YES NO

IF YES, WHAT WOULD YOU RATE YOUR LEVEL OF EXPERIENCE AS?

- BEGINNER (LIMITED OR SUPERVISED PAST EXPERIENCE)
 INTERMEDIATE (EXPERIENCED WITH DARKROOM ACTIVITY AND ABLE TO WORK UNSUPERVISED)
 ADVANCED (HIGHLY EXPERIENCED WITH ALL FORMS OF DARKROOM ACTIVITY)

IS THERE ANYTHING YOU REQUIRE ASSISTANCE WITH OR ARE INTERESTED IN LEARNING IE. ALTERNATIVE PROCESS, LIQUID LIGHT ETC?

PLEASE STATE _____

ARE YOU COMFORTABLE AND CAPABLE OF USING DARKROOM EQUIPMENT AND PROCESSES SAFELY AND INDEPENDENTLY IN A GROUP DARKROOM ENVIRONMENT?

YES NO

DO YOU UNDERSTAND THE HEALTH AND SAFETY RISKS OF THE DARKROOM?

YES NO

PLEASE READ AND SIGN THE TERMS AND CONDITIONS ON THE NEXT PAGE

TERMS AND CONDITIONS

WE WELCOME YOU TO THE STRANGE NEIGHBOUR DARKROOM AND HOPE THAT YOU FIND IT A CREATIVELY REWARDING AND SUPPORTIVE SPACE.

THIS IS A TWO YEAR MEMBERSHIP TO THE STRANGE NEIGHBOUR DARKROOM. MEMBERSHIP GIVES YOU ACCESS TO THE STRANGE NEIGHBOUR DARKROOM AND FILM PROCESSING ROOM AT THE RATES ADVERTISED ON THE STRANGE NEIGHBOUR WEBSITE (WHICH ARE OCCASIONALLY SUBJECT TO CHANGE) AND INCLUDES 3 FREE HOURS OF ACCESS.

ACCESS DEPENDS ON AVAILABILITY AND BOOKINGS MUST BE MADE IN ADVANCE. CANCELLATION REQUIRES 48 HOURS NOTICE TO ENSURE A FULL REFUND.

IN SIGNING THIS FORM YOU AGREE THAT STRANGE NEIGHBOUR IS NOT RESPONSIBLE FOR THE ARCHIVAL QUALITY OR OUTCOME OF FILM PROCESSING OR PRINTING MADE IN THIS FACILITY. YOU ALSO ACKNOWLEDGE THAT THE DARKROOM IS HIRED OUT AS A SHARED FACILITY AND IT IS YOUR RESPONSIBILITY TO BE AWARE AND COURTEOUS OF OTHER PEOPLE'S NEEDS AND SAFETY AND TO TAKE CARE OF YOUR BELONGINGS AT ALL TIMES. STRANGE NEIGHBOUR HAS NO LIABILITY FOR PERSONAL BELONGINGS OF DARKROOM MEMBERS.

WHILE WE TAKE ALL CARE TO ENSURE YOUR SAFETY, IN SIGNING THIS FORM YOU AGREE TO UNDERSTAND AND BE LIABLE FOR THE HEALTH AND SAFETY RISKS OF THE DARKROOM. IT IS YOUR RESPONSIBILITY TO TAKE THE APPROPRIATE HEALTH AND SAFETY PRECAUTIONS. YOUR HEALTH AND SAFETY IS NOT THE RESPONSIBILITY OF STRANGE NEIGHBOUR.

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

NAME _____

SIGNATURE _____

DATE _____