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**Retired Staff Association,**

**Maynooth University and St. Patrick’s College Maynooth**

**Cumann na mBall Foirne ar Scor,**

**Ollscoil Mhá Nuad agus Coláiste Phádraig Má Nuad**

**DISCLAIMER FORM**

**FOIRM SHÉANTA**

I am a full member of the above Association. I wish to confirm that I will not sue MU/SPCM Retired Staff Association or its Officers for damages/injuries incurred during an activity organised by the MU/SPCM Retired Staff Association.

I will use my Private Health Insurance or PRSI Medical Card to cover the costs of any injuries sustained.

I will use the Active Retirement Association insurance in the event of a shortfall from the other sources.

Signed:………………………………………………………………………………….

Full Member.

Witnessed:…………………………………………………………………………….

Full Member Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:-------------------------------------------------------------------

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Mobile Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:-----------------------------------------

DATE:-----------------------------------------------