

**Sale & District Showjumping Club Inc. A0045720F**

**P.O Box 1130 Sale Victoria 3850**

**Membership Application and Waiver Document**

**Membership covers 1 January to 31<sup>st</sup> December 2018**

Membership Type      Please Circle

Single \$50      Family \$120      Non Riding \$20

Full Name----- Age at January 1<sup>st</sup> if under 18 years of age -----

Property Address where horse kept-----

PIC Number of property -----

Postal Address -----

Email Address ( Please Print neatly) -----

Phone numbers -----

Emergency contact Person ----- Phone No. -----

Ambulance Victoria Member      YES      NO      Number.....

Equestrian Australia Membership      YES      NO      Expiry Date on card -----

For Family Memberships include names of additional Family members ( 2<sup>nd</sup> Parent/Guardian & under 18 children)

Name ----- Age if under 18

Name ----- Age if under 18

Name ----- Age if under 18

Name ----- Age if under 18

Office use:

Payment amount received \$----- Payment Method Chq/ Cash/ Direct Banking

Drawers name on cheque (if not that of applicant) Reference number -----

Signed on behalf of SDSJC -----

## Horse Sport participation Risk Acknowledgement and Waiver

By signing this application I acknowledge that:

- 1.1 Participation in horse sports is a hazardous activity and may result in injury, loss, damage or death to me or my horses. Horses can act in a sudden and unpredictable way, especially if frightened or hurt, or if exposed to loud and unfamiliar noises or environments.
- 1.2 Participation in horse sports requires certain skills. I declare that I have sufficient skills to be able to safely and properly participate in the events.
- 1.3 I am responsible for wearing safety equipment as per Equestrian Australia /FEI guidelines.
- 2 If I or my animals suffer harm whilst participating in a horse event, I will not hold the Suppliers, their employees or agents legally responsible for any injuries I suffer. I will not sue the Suppliers, their employees or agents for any claims, costs, damages or liability. I agree to release the Suppliers and their employees from any legal responsibility for the services I have been provided
- 3 I acknowledge and agree that my participation in horse sports and associated activities are a danger and may have inherent risks as a result of which personal injury ( and sometimes death) may occur and I accept and assume all such risks of personal injury or death in anyway whatsoever arising from these activities and hereby waive my individual right to sue the Suppliers for all claims I or my representatives may have for such personal injury or death against the suppliers in any way arising from or in connection with these activities
- 4 I will not consume any alcohol or illicit substances whilst participating in the horse sports event and agree that such use may result in me being excluded from an event with no entitlement to any refund of monies paid to the Suppliers.
- 5 I agree to follow the instructions of any event organiser or official and understand that any misconduct or refusal to do so may result in cancellation of participation and immediate removal from their horses.

I have had sufficient opportunity to read this statement and fully understand its terms and sign it freely and voluntarily. This agreement will be binding on my (and their) heirs, next of kin, executors and administrators. I agree this waiver shall be governed in all respects by and interpreted in accordance with the laws of Victoria.

Date: -----

Member Signature: -----

### Where this membership includes members under 18 years of age:

This is to certify that I as a parent/guardian with legal responsibility for the members listed above, acknowledge, understand and accept all of the above and consent to the listed members participation in horse sport activities

Print name of parent or guardian -----

Signature -----

Date -----

( The term "Suppliers" in this document refer to Sale & District Showjumping club)

