



NSW Reining Horse Association

Membership Application/Renewal

2008/2009 Season

1 August to 31 July

Type of Membership (Please tick which membership is appropriate)

- | | | | |
|---------------------------------|---------------|--|---------------|
| <input type="checkbox"/> Family | \$75 per year | <input type="checkbox"/> Non Riding | \$30 per year |
| <input type="checkbox"/> Full | \$65 per year | <input type="checkbox"/> 10 Year Full Member | \$400 |
| <input type="checkbox"/> Youth | \$30 per year | | |

Name(s):.....

DOB (youth only).....

Name(s).....

DOB (youth only).....

Name(s):.....

DOB (youth only).....

(Note: only one newsletter per family – Members will receive newsletters via email unless advised otherwise)

Address.....

Suburb..... State..... Postcode.....

(Note: Family Membership members must all reside the same address)

Home phone..... Work phone.....

Email.....

Mobile (if any).....

I/We hereby apply to become a member of the NSW Reining Horse Association. In the advent of my/our admission as a member, I/we agree to be bound by the rules of the Association for the time being in force. I give permission for my photo to be taken or recorded and used for marketing and/or judging requirements.

Cheques/money orders to be made payable to **NSW Reining Horse Association Inc.** Please return to Treasurer Carolyn Messenger: 36 Wesley St, Elanora Heights, NSW 2101

Signature..... Date:.....

CREDIT CARD DETAILS

Note: An 1% fee is chargeable for Credit Card transactions

| | | | |
|-------------------|--------------|-------|------------|
| Cardholders Name: | | | |
| CC Type: | VISA | MCARD | Amount: \$ |
| CC Number: | Expiry Date: | | |
| SIGNATURE: | | | |

Release and Waiver of Liability

Horse Sports are a Dangerous Activity

In consideration for being permitted to participate in any way in horse sport activities,

I, _____ (**PARTICIPANT'S NAME**), the undersigned, understand, acknowledge and accept that:

- 1 Horse sports are a dangerous recreational activity and horses can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt.
- 2 There is a significant risk that serious **INJURY** or **DEATH** may result from horse sport activities and in particular this lesson.
- 3 I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the proprietors of NSW REINING HORSE ASSOCIATION (hereafter referred to as the "Releasees") or others and I **voluntarily PARTICIPATE** at my **OWN RISK** and assume sole responsibility for any injury, death or property damage I may suffer that arises from my participation in horse sport activities.
- 4 I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs before and during the activity and I take full responsibility for any injury, loss or damage associated with their consumption. I agree not to drink alcohol or take drugs prohibited by law before or during this lesson.
- 5 I agree to follow the directions of the coach and that any misconduct or refusal by me to follow any direction can result in the **CANCELLATION** of participation in the activity and my immediate removal from my horse **NO MATTER** where that may occur. I understand that any such non-compliance may result in injury, death and/or permanent disability and I agree to indemnify the Releasees against all claims made by any person as a result of my failure to comply.
- 6 I understand that NSW Reining Horse Association recommends that a hard hat should be worn at all times whilst riding and take sole responsibility for my actions if I choose not to wear a hard hat.
- 7 I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS AND AGREE NOT TO SUE** the proprietors of NSW REINING HORSE ASSOCIATION , their officers, officials, volunteers, coaches, agents and/or employees, other participants, sponsoring agencies, sponsors and if applicable, owners and lessors of premises used to conduct the activities (all of whom are referred to as "Releasees") **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.**

Health

I am in good health and I have no physical disabilities)

OR) Strike out whichever one is inappropriate

I have the following physical disabilities)

Name of rider (and guardian if under 18 years): _____

Address: _____

Phone: _____ Date of birth: _____

Occupation: _____

Riding experience (*tick where appropriate*)

Very experienced Less than 50 hours riding experience

Never ridden Less than 20 hours riding experience

Details of riding experience: _____

Effect of this Document

I have had sufficient opportunity to read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without inducement of any kind.

I understand that my signature to this document constitutes a complete and unconditional release of all liability of NSW REINING HORSE ASSOCIATION and the Releasees to the greatest extent allowed by law in the event of me and/or the children under my care, suffering injury or death.

Dated: ___/___/___ Signature of rider/guardian _____

For Participants of Minority Age (Under Age 18)

This is to certify that I, as a parent/guardian with legal responsibility for this participant, acknowledge, understand and accept ALL OF THE ABOVE and consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities arising from my minor child's involvement or participation in horse sport activities and in particular, this lesson, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES

Dated: ___/___/___ Signature of parent/guardian _____