



**DARWIN  
QUARTER HORSE  
ASSOCIATION INC**

PO Box 1881  
Coolalinga NT 0839



[dqhainc@gmail.com](mailto:dqhainc@gmail.com)

Page 1 of 2

**MEMBERSHIP FORM 2025 – 2026**

**1 August 2025 to 31 July 2026**

I / We wish to apply for the following membership (please tick):

- |                          |             |                |                           |
|--------------------------|-------------|----------------|---------------------------|
| <input type="checkbox"/> | Ordinary    | \$ 75.00       |                           |
| <input type="checkbox"/> | Family      | \$ 150.00      |                           |
| <input type="checkbox"/> | Youth       | \$ 75.00       |                           |
| <input type="checkbox"/> | Day         | \$ 30.00       |                           |
| <input type="checkbox"/> | AQHA Member | No Joining Fee | AQHA Membership No: _____ |

SURNAME/S: \_\_\_\_\_ FIRST NAME/S: \_\_\_\_\_

DOB (if applying for Youth Membership only) \_\_\_\_/\_\_\_\_/\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

TELEPHONE: (H). \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_

EMAIL: \_\_\_\_\_

NAMES OF CHILDREN (if applying for Family Membership)

NAME: _____	DOB ____/____/____
NAME: _____	DOB ____/____/____
NAME: _____	DOB ____/____/____
NAME: _____	DOB ____/____/____

AMOUNT PAID: \$ \_\_\_\_\_

Please Tick if using your SPORT VOUCHER: ☐

Membership of the Association is a privilege, not a right. Membership or application therefore may be terminated or rejected by the Association for cause detrimental to the interest of the Association, policies, objectives and harmonious relationship of its members, as determined by the Association. Termination or application rejection proceedings under this paragraph shall be conducted in accordance with the club rules and by-laws and the constitution of the Association.

By signing this form, and paying the required fee, I/we agree to abide by rules/regulations of the Darwin Quarter Horse Association Inc.

**Direct Deposit Details:**

Bank: Bendigo Community Sector Banking, Coolalinga | Account Name: Darwin Quarter Horse Association Inc | Account No: 136591476 | BSB No: 633-000

**All Competitors 18yrs/under must wear an Approved Australian standards helmet at all times while mounted. Accepted helmets shall have one of the following standards ASNZ 3838, ASTM F1163.EN 1384 clearly identified on the helmet and be within 5 years of date of manufacture. Helmets for Senior's are optional but encouraged to wear.**

My helmet meets the above standards (please tick where appropriate)



## MEMBERSHIP - WAIVER OF LIABILITY 2025-2026 Page 2 of 2

By signing this form I/we declare that I/we have read, understand and agree to the terms and conditions of the Darwin Quarter Horse Association Inc (DQHA) Membership Waiver.

In consideration for being permitted to participate in any way in horse riding and other club related activities I, the undersigned understand, acknowledge and accept that:

Horse riding and participation in horse related activities is /are dangerous recreational activities and horses can act in a sudden and unpredictable way especially if scared, frightened or hurt.

There is significant risk that serious **INJURY** or **DEATH** may result from participating in horse related competition or activities.

I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the DQHA and or the management/organisers 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 related activities.

I understand 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 drugs prohibited by law before or during any horse activity.

I agree to abide by all directions of the management/organisers of all DQHA club activities. My failure or refusal to do so can result in my immediate disqualification from the activities and the forfeiting of all fees paid in relation to the activities. I understand that any such non-compliance may result in injury, death and/or permanent disability and I agree to indemnify the management / organisers against all claims made by any person as a result of my failure to comply.

I understand that the DQHA management/organisers take due care to ensure that the venues chosen are safe and suitable, any equipment provided for the purpose of such activities is maintained in good condition and the Association's/management/ organisers are appropriately trained. I understand that neither DQHA, its committee, the management/organisers or staff will be liable for any loss, damage or injury suffered by me or any child under my care as a result of participation in horse related activities caused by the DQHA's management/organisers negligence or otherwise.

I further confirm that I am in good health and do not suffer from any disability which will affect my ability to participate.

I have had sufficient opportunity to read this release of liability, 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 the DQHA and/or management/organisers to the greatest extent allowed by law in the event of me and/or the children under my care suffering injury or death.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Name of Participant**

**Signature of Participant**

**Date**

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Signature of Parent/Guardian of persons under the age of 18 years**

**Date**