DARWIN QUARTER HORSE ASSOCIATION INC

PO Box 152
Coolalinga NT 0839
E: dqhainc@gmail.com

APPLICATION FOR TEMPORARY DAY MEMBERSHIP

Please ensure that you have read and fully understand this Application for Temporary Day Membership and the Member Acknowledgement Waiver printed on the reverse side of this form prior to signing.

MEMBERSHIP NAME:

SURNAME/S: _____FIRST NAME/S: _____

- DOB (if applying for Youth Membership only) _____ /_____ /_____

POSTAL ADDRESS: _____

_____

TELEPHONE: (H)._____ (W) _____ (M) _____

EMAIL: _____

PERIOD OF MEMBERSHIP:

_____ /_____ /_____ to _____ /_____ /_____

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 of **$20.00, per person, per day**, I/we agree to abide by the constitution and rules/regulations/by-laws of the Darwin Quarter Horse Association Inc and the Horse Show Association of Australia Inc as determined.

Furthermore, I/we declare that I/we have read, understand and agree to the terms and conditions of the Darwin Quarter Horse Association Inc Member Acknowledgement Waiver, printed on the reverse side of this form.

SIGNATURE: _____

DATE: _____ /_____ /_____

AMOUNT PAID: $_____

YOUTH TEMPORARY DAY MEMBERSHIP MUST BE SIGNED BY PARENT/GUARDIAN

SIGNATURE: _____

DATE: _____ /_____ /_____

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

DARWIN QUARTER HORSE ASSOCIATION INC
RELEASE AND WAIVER OF LIABILITY 2017-18

HORSE RIDING AND PARTICIPATION IN HORSE RELATED ACTIVITY IS DANGEROUS

In consideration for being permitted to participate in any way in horse riding &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 Darwin Quarter Horse Association Inc 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 the club rules and by-laws and the constitution of the Darwin Quarter Horse Association (DQHA) Inc as well as the Horse Show Association of Australia (HSAA) Inc, and that I will agree to all directions of the management/organisers of all 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.

As a **Participants/Member**, I agree to wear a helmet of the currently approved standard in all activities where the rules and regulations governing the activity require the wearing of a helmet. I am solely responsible for ensuring that I wear a suitable helmet when required and take sole responsibility for my actions.

HORSE EXPERIENCE: (tick where appropriate)

☐ Very experienced participant/competitor ☐ Novice participant/competitor ☐ Never participated/competed.

As a **Volunteer**, I agree to wear appropriate footwear and take sole responsibility for my actions.

I understand that the Darwin Quarter Horse Association Inc and/or 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 the Association, 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 Association'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 Association 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/Member Signature of Participant/Member Date

_____ _____ /_____ /_____

Signature of Parent/Guardian of persons/volunteers under the age of 18 years Date

_____ _____ _____ /_____ /_____

Name of Volunteer Signature of Volunteer Date

(I have read, understood and agree to the above conditions)