

APPLICATION FOR MEMBERSHIP/RENEWAL OF WINGHAM EVENTING CLUB INC 2009-2010

(incorporated under the Associations Incorporation Act 1984)

Membership Options

RENEWABLE 1ST JULY - MEMBERSHIP RUNS FROM 1 JULY TO 30 JUNE

Tick relevant boxes:

- SENIOR MEMBERSHIP (18 years or over) \$25
- JUNIOR MEMBERSHIP (11 years - 17 years) \$15
- JOINING FEE (ALL APPLICANTS) \$5

I,

(full name of applicant)

of

(address)

..... / /

(occupation)

(EFA Number)

(date of birth if junior)

Phone: (H)..... (W)..... (Mobile).....

Fax: E-mail address:

hereby apply to become a member of the Wingham Eventing Club Inc. In the event of my admission as a member, I agree to be bound by the rules of the Club.

.....

.....

Signature of applicant

Date

Please tick here if you **DO NOT** want your name and postal address to be given to our sponsors.

Enclose cheque or money order payable to Wingham Eventing Club Inc and post with Member Release and Waiver of Liability to:
Wingham Eventing Club Inc
Bellview Park
151 Kardinia Road
Wingham NSW 2429

WINGHAM EVENTING CLUB INC Member Release and Waiver of Liability

The Equestrian Federation of Australia ACN 077 455 755 ABN 19 077 455 755

Full Name of participant (and of guardian if under 18 years).....

.....

Address.....

StatePost Code.....Date of birth.....

Name of Club: Wingham Eventing Club Inc

Membership No.

Address of Event /Activity

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

Horse sports are a dangerous recreational activity and horses can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt.

There is a significant risk that serious **INJURY** or **DEATH** may result from horse sport activities.

I knowingly and freely assume all such risks, both known and unknown, 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.

I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs before and during the activities 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 any horse sports activities.

I agree to follow the directions of any event organiser or official and that any misconduct or refusal by me to follow any direction of any organiser or official can result in the **CANCELLATION** of my participation in the activities 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 as a result of my failure to comply.

I agree to wear a helmet at all times whilst participating in the sport where this is required under the relevant EFA and FEI rules and regulations, and agree that I am solely responsible for ensuring that whilst participating I wear a suitable helmet at all times where required under the relevant EFA and FEI rules and regulations, and take sole responsibility for my actions.

I have had sufficient opportunity to read this assumption of risk agreement, fully understand its terms and sign it freely and voluntarily.

Dated: ___/___/___ Signature of rider.....

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 my minor child's involvement or participation in horse sport activities.

Dated: ___/___/___ Signature of guardian.....