

# BEGA SHOWJUMPING CLUB

## MEMBERSHIP & INDEMNITY FORM 1 JULY 2017 – 30 JUNE 2018

- Membership Type (Please tick)

- ☐ Single \$30.00  
☐ Family \$60.00 includes children under 18 (immediate family only)  
☐ Non –Riding \$5.00

NAME (INCLUDE THE FULL NAME OF EACH PERSON INCLUDED IN THIS APPLICATION)	UNDER 18 Y/N

Postal Address:

Home number:

Mobile number:

Email address:

All applicants must read and sign the **Dangerous Activity Acknowledgement/Member Release and Waiver of Liability** on page 2 before membership will be accepted.

Payment can be made by:

- ☐ Cash  
☐ Cheque payable to Bega Showjumping Club  
☐ Direct deposit:      Account name:      Bega Showjumping Club  
                                          Bank:                      Horizon Credit Union  
                                          BSB:                      802124  
                                          Account:                56494  
                                          Reference:             "your name"

Office Use

Payment received on: ...../...../201.....by way of cash/cheque/direct deposit

Signed:

**Dangerous Activity Acknowledgement/Member Release and Waiver of Liability**

Name of Club/Organisation: Bega Showjumping Club

Address of Event/Activities: All events, competitions, training days, clinics and other club activities organised by Bega Showjumping Club at Bega Showground, Upper St Bega NSW 2550, Bega Pony Club Grounds, Valley St. Bega NSW 2550, Wolumla Recreation Grounds, Princes Highway Wolumla NSW 2550, Bega Race Course (Back on Track Committee) East Street Bega or other designated venue.

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

- Horse sports are a dangerous 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 voluntarily PARTICIPATE at my OWN RISK and assume sole responsibility for any injury or death or property damage I may suffer that arises from 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 and during any horse sports activities.
- I agree to follow the directions of any event organiser or official and that my misconduct or refusal by me to follow any direction of any organiser or official can result on 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 an approved helmet at all times whilst participating in the sport where this is required under the relevant EA & FEI rules & regulations.

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

I agree to be bound by the Rules, Regulations and By-Laws of Equestrian Australia and Bega Showjumping Club.

For participants over 18 years

For participants of Minority Age (Under Age 18) This is to certify that I, as a parent/guardian with legal responsibility for the participate/s named on page 1, acknowledge, understand and accept ALL OF THE ABOVE and consent and agree to my minor child's involvement or participation in horse sport activities. I also agree to abide by the Parents Code of Conduct as it relates to Equestrian Sports.

**SIGNATURE OF MEMBER/S OVER 18:**

**SIGNATURE OF PARENT/GUARDIAN & FULL NAME**

**DATED:**     /     /

**DATED:**     /     /

**PHOTO RELEASE CONSENT** - I hereby give Bega Showjumping Club permission to use photographs of my child/infant under by guardianship for the purpose of promoting Bega Showjumping Club. I understand photos in which my child/infant under by guardianship appears may be submitted to Bega Showjumping Club sponsors who may use these images for the purpose of promoting their association with Bega Showjumping Club.

**SIGNATURE OF PARENT/GUARDIAN:**

Office Use

Payment received on: ...../...../201.....by way of cash/cheque/direct deposit

Signed: