

Gunalda & Districts Western Performance Club Inc.

Membership Nomination Form

PROPOSER

I(Name).....of
(Address).....
(Town/City).....
(State).....(Postcode).....
Propose

For membership in the Gunalda & Districts Western Performance Club Inc.

Signature.....(Date)..../..../....

SECONDER

I(Name).....of
(Address).....
(Town/City).....
(State).....(Postcode).....
Second the nomination of

For membership in the Gunalda & Districts Western Performance Club Inc.

Signature..... (Date).... /.... /....

Cost of Membership 1/8/2010 until 31/7/2011

Single Membership: - \$35.00
Additional membership: - \$25ea (same household)
Tiny Tots & Lead Line only:- \$15
Non Riding/Social Membership :- \$10
Stallion owner:- Free

Please return to: Chris Perrin
13 Samantha Drive
Gympie Q4570

OFFICE USE ONLY.

Amount Paid: -\$......Cash / Cheque.

M/Ship Accepted.....

Signed.....Secretary / Treasurer.



I(Name).....
 (Address).....
 (Town/City).....
 (State).....(Postcode).....
 Phone.....Mobile.....
 Email.....
 A.Q.H.A. Membership No.DOB.....
 AdditionalDOB.....
 AdditionalDOB.....
 AdditionalDOB.....
 AdditionalDOB.....

Please tick appropriate box

Single Membership Additional Membership
 TINYTOTTS Non showing/Social Membership
 Nominated Stallion Owner

Age

Youth 18yrs-25yrs 25yrs-45yr 45yrs & over

I accept the nomination for the Gunalda & District Western Performance Club Inc, and agree to abide by rules and regulations set out by the constitution of the club.

Signature.....(Date)...../...../.....

Contact in Case of Emergency.....

Ph. No.

Known medical conditions....yes/no (if yes, please list)

.....

I will be available to help at shows Yes / No



Gunalda & Dist.
 Western Performance Club

Member Acknowledgement 2010/2011

HORSE RIDING AND PARTICIPATION IN HORSE RELATED ACTIVITY IS DANGEROUS

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

Horse riding and participation in horse related activities is/are dangerous recreational activities and horses and cattle 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 participating in horse related competition or activities.

I/We voluntarily **PARTICIPATE** at my/our **OWN RISK** and assume sole responsibility for any injury, death or property damage I/We may suffer that arises from my participation in horse related activities.

I/We understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs before and during the activity and I/We take full responsibility for any injury, loss or damage associated with their consumption. I/We agree not to drink alcohol or take drugs prohibited by law before or during any horse activity.

I/We agree to abide by the Rules & Regulations of the Australian Quarter Horse Association, its Affiliated clubs and/or management/organizer of the activities and that I/We will follow all directions of the management/organizer of the 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/We understand that any such non compliance may result in injury, death and/or permanent disability.

I/We agree to wear a helmet of the currently approved Australian standard in all activities where the Rules & Regulations governing the activity require the wearing of a helmet. I/We am solely responsible for ensuring that I/We wear a suitable helmet correctly when required and take sole responsibility for my actions.

Horse Experience: (tick where appropriate)

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

I/We understand that the Australian Quarter Horse Association its Affiliated clubs and/or the Management/organizer takes 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/organizer's staff are appropriately trained.

I/We further confirm I/We am in good health and do not suffer from any disability which will affect my ability to participate. I/We have had sufficient opportunity to read this document, fully understand its terms and sign it freely and voluntarily without inducement of any kind.

COMPULSORY

Name of Participants/Members	Dated
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.....
.....
.....
.....