

MEMBERSHIP RENEWAL FORM

I (Name)

Of (Address).....

Phone Email.....

A.Q.H.A. Membership No. DOB.....

Age Group

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

Please Tick

Single Membership

Additional Family Membership

Tiny Tots

Non Showing/Social Membership

I agree to abide by the Constitution and Regulations of the Gunalda & District Western Performance Club Inc.

Signed..... Date.....

Contact in Case of Emergency

Phone No.

Known medical conditions

Cost of Membership 1/8/2009 until 31/7/2010.

\$35 single membership plus \$25 per additional family member (same household)

\$15 Youth (Tiny Tots/Lead Line contestants only)

\$10 Non Showing/Social Membership

Please send your application form & payment to:

G.D.W.P.C.

Chris Perrin

13 Samantha Dr

Pie Creek via Gympie Q4570

OFFICE USE ONLY.

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

Signed..... Secretary / Treasurer.



Gunalda & Dist.
Western Performance Club

Member Acknowledgement Form 2009/2010

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.

IS COMPULSORY

Name of Participants/Members

Dated

.....
.....
.....
.....
.....