

The BEAUDESERT Cutting & Western Performance Club Inc.

Incorporated under the Incorporated Associations Act of 1981



NEW MEMBERSHIP APPLICATION FORM

Current AQHA Membership No.

Name/s:

Postal address:

.....Postcode:

Occupation:

Phone: (h) (w) **Mobile**

Email address:

Date of Birth of Youth Member/s

A financial Club Member must nominate prospective Member/s:

Nominated by: : (Club Member's name)

..... (Club Member's signature)

Seconded by: : (Club Member's name)

..... (Club Member's signature)

FEES - Please tick whichever applies

- | | | | |
|--------------------------|---------------------|---|-----------------------|
| <input type="checkbox"/> | Family | \$70.00 Membership Fee - (Two adults residing at the same address and their dependants who are 18 years of age and under) plus \$50.00 Maintenance Levy | Total \$120.00 |
| <input type="checkbox"/> | Single Adult | \$50.00 Membership Fee – (One member over 18 years of age) plus \$25.00 Maintenance Levy | Total \$75.00 |
| <input type="checkbox"/> | Single Youth | One member 18 years of age and under | Total \$15.00 |

For your membership to be processed you must sign the insurance waiver on the back of this form.

MEMBERS PARTICIPATE IN ALL EVENTS AT THEIR OWN RISK

Authorisation

As a member of the BC&WPC I consent to the use of my name, photo/s & information given by me to the **Association for publication in advertising articles, magazines, websites & printed material.**

Please tick the applicable box Yes No

I hereby agree to abide by the Constitution and the Rules and Regulations of The Beaudesert Cutting & Western Performance Club Inc.

Applicant Signature: **Date:**
(If 18 years of age or under a Parent/Guardian must sign).

Please return with payment to: The Secretary, BCWPC Club Inc. PO Box 162, Beaudesert Q4285
Email: cuttingandwesternperformance@gmail.com

Direct Debit: Bendigo & Adelaide Bank, BSB: 633 000 AC No: 158766923

Date Rec No. Amount Method of Payment

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LIABILITY WAIVER FORM EXCLUSION OF CERTAIN RIGHTS TO SUE

The purpose of this agreement is to limit the liability of the Provider to exclude liability for any personal injury or death to the Participant and other people in the care and control of the Participant howsoever caused who signed this form as acknowledgment of the terms and conditions of this agreement. By signing this form you are waiving your rights to sue the Provider for losses relating to personal injury or death. Under the provisions of the Trade Practices Act and Various State Laws conditions are implied into contracts that mean that the Provider of Recreational Services, noted below, is required to ensure that the Recreational Services it sells to you are: rendered with due care and skill, are fit for the purpose for which they are commonly bought as it is reasonable to expect in the circumstances or might reasonably be expected to achieve the result you have made known to the Provider.

Name and address of Provider: Australian Quarter Horse Association
131 Gunnedah Road TAMWORTH NSW 2340

The Participant acknowledges that the activity being undertaken is an activity being undertaken for the purposes of recreation, enjoyment or leisure which involves a significant degree of physical risk. The Provider acknowledges that they are providing Recreational Services detailed below which means; providing facilities for participation in a recreational activity, or training a person to participate in a recreational activity, or supervising, adjudicating, guiding or otherwise assisting a person's participation in a recreational activity.

The Participant hereby acknowledges that in attending the recreational activity that there are inherent risks involved to him or her or other people in their care and control. This agreement is directed and limited to inherent risks that are patent. The participants also acknowledges that the purpose of the recreational activity is for the benefit of the Participant and for the benefit of those people attending with the Participant and that at all times the Participant is responsible for his or her own actions and the actions of those other people in his or her care and control.

Description of Recreational Services:
HORSE RIDING & COMPETITION OF THE AUSTRALIAN QUARTER HORSE

Steps taken by the Australian Quarter Horse Association to avoid the danger of personal injury or death

1. Providing assistance to Affiliates to support those Affiliates in the safe conduct of their activities.
2. Implementation of a risk management approach to events sanctioned by the Association
3. Publication of resources to support the risk management approach of the Association and its Affiliates
4. Implementation of the rules and regulations as agreed by the Board of Directors of the Association

The Participant acknowledges that during all times while he or she is attending the recreational activity, he or she does so at his or her own risk, and that the Participant, and other people in the care and control of the Participant, will not hold the Provider or any of its employees or agents liable for any personal injury or breach of contract whether caused by the negligence of the Provider its employees or agents howsoever caused or otherwise. The Participant acknowledges that in the event that he or she or any of the other people in their care and control find either or any of them is in difficulty that they are to stop the activity or request that the activity be stopped if appropriate, and seek help and/or assistance and advice.

Declaration and signature

By signing this agreement I/we understand that the Recreational Services, as set out in this form, may cause my/us and or my/our dependants personal injury or death. By signing this agreement I/we understand that I/we and my/our dependants waive our rights to sue the Provider for losses relating to my/our and or my/our dependants personal injury or death that result from any negligence caused by the Provider.

All persons included in this membership must be noted in this section

Name	Signature	Date
.....
.....
.....
.....

Name and Signature of Nominee of Youth Membership (if participant is U/18)

Name:..... **Signature:**..... **Date:**.....