Roan Horse & Pony Society of Australia Inc.

ABN: 58393981030

MEMBERSHIP

1/7/17 – 30/6/18

Full name(s) of Member(s) _____

Address _____

_____ Post Code _____

Email_____Contact details confidential (circle) Y / N

Phone ( )_____Mobile _____

If you would like a complimentary listing for your stud's website on the Society's site please advise web address _____

If Member is also a member of the Arabian Horse Society of Australia Ltd please advise membership number _____

The Society will accept the signature of any of the members listed above on any documentation lodged, including transfers, unless advised in writing to the contrary by the members.

Tick appropriate Membership and enclose payment for:

- Full Membership (maximum of two people for insurance) $35.00
- Additional names on membership (more than two) $ 5.00 each

To direct deposit please reference payment with your membership name & 'membership'
Acc name Roan Horse & Pony Society of Australia Inc
BSB 012-874
Account number 450639784

PLEASE MAKE CHEQUES PAYABLE TO Roan Horse & Pony Society of Australia Inc & POSTED TO P.O. Box 158 Kurrajong, NSW 2758
All cheques payable to the Roan Horse & Pony Society of Australia Inc and are accepted upon clearance.

I/We do hereby apply and make application to the Roan Horse & Pony Society of Australia Inc and if so accepted, shall abide by the Rules & Regulations of the Society and will not bring the Society into disrepute. The Committee has the right to accept or reject any application without giving reason.

Signature:_____Date:_____

Name(s) of registered roans: _____

Membership includes a Public Liability component for the Association.
PLEASE ENSURE THAT YOU COMPLETE THE WAIVER FORM
Your membership will not be considered financial until the waiver has been signed

Release and Waiver of Liability

In consideration for being permitted to participate in any way in horse sport activities, I, understand, acknowledge 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 understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs and 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 agree to wear an approved helmet at all times whilst participating in the sport where this is required under the relevant AHSA rules and regulations.

I have had sufficient opportunity to read this Dangerous Activity Acknowledgement and fully understand its terms and submit it freely and voluntarily.

I have read and agree to the “Waiver of Liability” above.

FOR PARTICIPANTS OF MINORITY AGE (Under 18 Years)

This is to certify that I, as a parent/guardian with legal responsibility for this participant acknowledge, understand and accept the Waiver of Liability above and consent and agree to my minor child’s involvement or participation in Horse sport activities.

☐ I Accept the Terms & Conditions

Signatory(ies) for Membership (all tio sign)	Date	Membership Number