

Bulahdelah Dressage Club Inc.

Application for Membership or Renewal of Membership

ADULT

FAMILY
Two adults with children
under 16 years
\$5 Joining Fee
\$20 Annual Fee

JUNIOR
Under 16 years, must join
as a family member

\$5 Joining Fee
\$20 Annual Fee

Subscriptions Due January 1st each year

Please send to:

Liz Powner, 2092 Wootton Way, Coolongolook, 2423

For more details contact Liron 4997 7555

NAMES _____

AGES (if under 16) _____

ADDRESS _____

Postcode _____

PHONE (home) _____

EMAIL Address _____

Membership Type Family or Adult _____

Signed _____

Date _____



The Equestrian Federation of Australia
ACN 607 453 355 ABN 16 917 485 755

Member Release and Waiver of Liability

Full Name of participant (and guardian if under 18 years) _____

Address _____

State _____ Post Code _____ Date of birth _____

Name of Club/Organisation _____

Membership No. _____

Address of Event / Activity _____

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

Horse sports are a dangerous recreational 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 I voluntarily **PARTICIPATE** at my **OWN RISK** and assume sole responsibility for any injury, death or property damage I may suffer that arises from my 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 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 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 a helmet at all times whilst riding where this is required under the relevant EFA and FEI rules and regulations and agree that I am solely responsible for ensuring that whilst riding I wear a suitable helmet at all times where required under the relevant EFA and FEI rules and regulations and take sole responsibility for my actions.

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

Dated: ___/___/___ Signature of noeguardian _____

For Participants of Minority Age (Under Age 18)

This is to certify that I, as a parent/guardian with legal responsibility for this participant, acknowledge, understand and accept **ALL OF THE ABOVE** and consent and agree to my minor child's involvement or participation in horse sport activities.

Dated: ___/___/___ Signature of noeguardian _____