



OFFICE USE ONLY

ANNUAL MEMBERSHIP FORM & DISCLAIMER STATEMENT

Club Name: Wingham Showjumping Club Inc.
Club Address: 69 Mondrook Lane, Mondrook NSW 2430
Event: All Club activities for the year commencing 1st July 2018. To June 30th 2019.

PLEASE READ CAREFULLY INDEMNITY RELEASE & WAIVER OF LIABILITY

I understand and acknowledge that all aspects of handling, working with and in the vicinity of and riding horses is a dangerous activity and that horses can act in a sudden and unpredictable (changeable) way at any time. I understand and acknowledge that serious injury or death may result from all activities involving horses.

I agree, that I compete and/or attend any organized event conducted or authorized by the Wingham Showjumping Club Inc, do so at my own risk and to indemnify and keep indemnified the organization or person involved in the conduct of any club event, against all claims, suits, actions or demands, which may be brought in respect of any injury, or other loss sustained by me in the course of participating in any activity organised by Wingham Showjumping Club Inc. I agree to exonerate the committee of management of the club, together with any other organization or person involved in the conduct of any Wingham Showjumping Club Inc. from all loss or injury to me whether due to alleged negligence or otherwise.

By signing this agreement: I understand that I and my dependants waive our rights to sue the Provider for losses relating to me and or my dependants personal injury or death that result from any negligence caused by the Provider.

I agree to wear a helmet at all times whilst riding. I am solely responsible for ensuring that whilst riding I undertake to wear a helmet that complies with EA General Regulations, Article 122.2: (as of 1st January 2017) and take sole responsibility for my actions.

DISCLAIMER SIGNATURE REQUIRED DATE

NB: Signature of Member (Parent or Guardian to witness if member under 18 years of age).

NAME OF YOUTH;

PARENT/GUARDIAN: NAME: SIGNATURE:

ALL MEMBERSHIP INFORMATION MUST BE COMPLETED AND SIGNED.

NAME: EA NO:

ADDRESS:

POST CODE

TELEPHONE: MB

YOUTH DATE OF BIRTH; E-MAIL:

If you wish to receive your Correspondence by e-mail please Indicate: YES/NO
I agree to abide by the rules and regulations of the Wingham Showjumping Club INC and other rules bought into the club.

SIGNATURE (Senior/Guardian): DATE:

Signed for and on the behalf of the above stated membership
MEMBERSHIP Fees: \$30.00 Adult, \$15.00 Junior, \$55.00 Family
From 1st July, 2018 – 30th June, 2019 inclusive.
Payable to: Wingham Showjumping Club Inc. BSB: 721 000 ACC: 138430

Non-Members of Wingham Showjumping Club Inc.
DAY MEMBERSHIP and CLUB INSURANCE \$10.00 per day .