

Ranch Horse Society of Western Australia Inc Membership Form

Full Name	
Name or Parent/Guardian if rider under 18	
Date of Birth	
Phone Contact	
Email Address	
Known medical conditions	
Emergency contact	
Emergency contact phone	

I hereby apply to become a member of the Ranch Horse Society of Western Australia Inc. with the following membership type: (tick box)

Senior Membership \$100 ☐

Youth Membership (Under 18) \$90 ☐

Family Membership (1 Adults & 2 Children) \$250 ☐

Family Plus Membership (1 Adult, 1 Social & 2 Children) \$280 ☐

Social Membership (Non Ridden) \$40 ☐

Day Membership \$25 ☐

Membership of the Ranch Horse Society of Western Australia is by application, subject to assessment and acceptance by the committee. The committee reserves the right to refuse membership in accordance with 6.1 of its constitution.

Please note membership runs from 1st July each year.

Signature	
Date	



Ranch Horse Society of Western Australia Inc

DISCLAIMER AND WAIVER OF LIABILITY

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

As a condition of participating that neither the club/coach, participants, Ranch Horse Society of Western Australia Inc, or any subdivision thereof, officials, volunteers, medical personnel, any persons, promoters, sponsors, advertises, owners or lessees of premises used to conduct the event(s), shall be under any liability for my death or any bodily injury, loss or damage which may be sustained or incurred by me, as a result of the participation in or being present at the event, except in regard to any rights I may have arising under the Trade Practice Act 1974 (Cth) (or similar legislation)

I acknowledge that equestrian activities are dangerous and that accidents causing death, bodily injury, disability and property damage, can and do happen.

I agree to abide by the Rules and Regulations of the Ranch Horse Society of Western Australia Inc. its affiliated clubs and/or the management/organiser of the activities and I will follow all direction of the management/organiser 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 understand that and such non-compliance may result in injury, death and/or permanent disability.

Although it is recommended, I am solely responsible for wearing a helmet and I acknowledge I ride at my own risk.

I understand that the Ranch Horse Society of Western Australia Inc, its affiliated clubs and/or management/organiser 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 Club's management/organiser's staff are appropriately trained.

I further confirm that I am in good health and do not suffer from any disability which will affect my ability to participate. I have had sufficient opportunity to read this document, fully understand its terms and sign it freely and voluntarily without any inducement of any kinds.

BY SIGNING HEREUNDER I CONFIRM HAVING READ AND UNDERSTOOD THE
CONSTENTS OF THIS DISCLAIMER

Print Name Here

Dated

Signature of Rider or Parent/Guardian (if signing on behalf of youth)



Horse and Rider Details

Rider's level of experience (please tick)

Green ☐

Returning to riding ☐

Medium ☐

Advanced ☐

Horse's level of experience (please tick)

Green ☐

Beginner ☐

Medium ☐

Advanced ☐

Please briefly explain your competition experience:

Do you give Ranch Horse Society of Western Australia Inc permission to use photos taken of you at club events/shows to be used in articles, social media and website?

(please tick)

YES ☐ / NO ☐

Do you identify as an Equestrian with a Disability (EWD)? (Please tick)

YES ☐ / NO ☐

Contact for horse transport in event of rider injury:

If the above is not available, I give permission for the RHSWA committee to authorise transport for my horse in accordance with their instructions.

Veterinary Service contact in event of horse injury:

If the above veterinary service is unavailable, I give permission for the RHSWA committee to authorise the attendance of alternative service in accordance with their instructions.

Signature

Date

