

**GUNALDA & DISTRICTS WESTERN PERFORMANCE CLUB
MEMBERSHIP NOMINATION FORM 2021/2022**



NAME: _____

ADDRESS: _____

Town: _____ **Post Code:** _____

TELEPHONE: _____

EMAIL: _____

DOB: _____/_____/_____

ADDITIONAL MEMBERS:

NAME: _____ **DOB:** _____/_____/_____

NAME: _____ **DOB:** _____/_____/_____

NAME: _____ **DOB:** _____/_____/_____

MEMBERSHIP TYPE: (tick box)

- \$50 Family Membership (2 adults & children <18yo from relationship, must reside at same address)
(proof of address may be requested)
- \$35.00 Single Membership
- \$10.00 Non-Riding / Social Membership

Banking Details – GDWPC Inc BSB 064 416 Account 1000 9858 Email Membership & Receipt to: admin@gdwpc.com.au
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I accept the nomination for Gunalda & Districts Western Performance Club Inc and agree to abide by rules and regulations set out by the Model Rules of the Club.

Date: _____/_____/20_____

Signature of Proposed Member

EMERGENCY CONTACT DETAILS:

NAME: _____ **TELEPHONE:** _____

KNOWN MEDICAL CONDITIONS: _____ YES/NO (IF YES PLEASE LIST TO ENSURE YOUR SAFETY)

OFFICE USE ONLY AMOUNT PAID \$ _____

MEMBERSHIP NUMBER: _____

PROPOSER – LYNDA HICKS

SECONDER – HEATHER TRIFFETT

MEMBERSHIP ACKNOWLEDGEMENT 2021/2022

Horse Riding and Participation Related Activity is Dangerous

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

Horse riding and participation in horse related activities is/are dangerous recreational activities and horses and cattle 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 participating in horse related competition or activities.

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 related activities.

I understand and acknowledge the dangers associated with the consumption of alcohol or any mind-altering drugs before and during activity 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 activity.

I agree to abide by the Rules and Regulations of the Australian Quarter Horse Association, GDWPC, its affiliated clubs and/or management/organisers of the activities and that I will follow all directions 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 any such non-compliance may result in injury, death and/or permanent disability.

I agree to wear a helmet of the currently approved Australian Standard in all activities where the Rules and Regulations governing the activity require the wearing of the helmet, I am solely responsible for ensuring that I wear a suitable helmet correctly when required and take sole responsibility for my actions.

Horse Experience - Not limited to riding (tick where appropriate)

Very Experienced Competitor Novice Competitor Never Competed

I understand that the Australian Quarter Horse Association and GDWPC Inc, its affiliated clubs and/or the management/organiser takes due care to ensure that the venues chosen are safe and suitable, any equipment provided for the purposes of such activities is maintained in good condition and the Association / Management / Organiser / Staff are appropriately trained.

I further confirm I am in good health and do not suffer from any disability or illness which will affect my ability to participate. I further acknowledge that if during attendance I will abide by social distancing and good health hygiene practices and I undertake that if during the course of my attendance I become unwell I am to immediately notify the officials and leave the grounds immediately.

I have had sufficient opportunity to read this document, fully understand its terms and sign it freely and voluntarily without inducement of any kind.

NAME: _____

SIGNATURE: _____

DATE: _____/_____/_____

