



**NANUA PICNIC RACE & QUARTER HORSE CLUB**  
**INCORPORATED**

**2009/2010 Membership Renewal**

**Subscriptions are due and payable on the 1<sup>st</sup> March 2009**

**Renewal Fee: \$5.00**  
**Junior Member under 18 years: \$2.50**  
**Life Member or AQHA Financial Member: 0.00**

**COMPULSARY DECLARATION – Must be signed**

By signing this form and paying the required fee, I/We agree to abide by the Constitution and the Rules & Regulations of the Nanua Picnic Race & Quarter Horse Club Incorporated, as determined from time to time.

Further, we declare that we have read, understand and agree to the terms and conditions of the Waiver of Liability printed on the reverse of this page.

**NAME:** \_\_\_\_\_

**PLEASE NOTE:** If this form is not completed on both sides the application will not be processed.

**SIGNATURE:** \_\_\_\_\_

If a Junior Member signs this renewal then a parent/guardian must co-sign.

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Junior Member DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Enclosed      Cheque \ Money Order \ Cash    \$5.00

**AQHA Membership Number** \_\_\_\_\_ **if applicable**

**PO Box 195 Broken Hill NSW 2880 - Email: [secretary@nanua.net](mailto:secretary@nanua.net) – web: [www.nanua.net](http://www.nanua.net)**



Member Acknowledgement 2008/2009

HORSE RIDING AND PARTICIPATION IN HORSE RELATED ACTIVITY IS DANGEROUS

In consideration for being permitted to participate in any way in horse riding activities I/We, the undersigned, understand, 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/We voluntarily PARTICIPATE at my/our OWN RISK and assume sole responsibility for any injury, death or property damage I/We may suffer that arises from my participation in horse related activities.

I/We understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs before and during the activity and I/We take full responsibility for any injury, loss or damage associated with their consumption. I/We agree not to drink alcohol or take drugs prohibited by law before or during any horse activity.

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

I/We agree to wear a helmet of the currently approved Australian standard in all activities where the Rules & Regulations governing the activity require the wearing of a helmet, I/We am solely responsible for ensuring that I/We 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 participant/competitor | Novice participant/competitor | Never participated/competed |

I/We understand that the Australian Quarter Horse Association its Affiliated clubs and/or the Management/organizer 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 Association's/management/organizer's staff are appropriately trained.

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

[X] COMPULSORY (All persons covered under this membership must be noted in this section)

Name of Members (Please Print)

Dated

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