



Membership Application 2024/2025

Adult (1) Name: _____

Adult (2) Name: _____

Youth (1) Name: _____ Date of Birth: ___/___/___

Youth (2) Name: _____ Date of Birth: ___/___/___

Address: _____

_____ Post Code: _____

Phone #: _____ Email Address: _____

Membership period is from 01 August, expiring 31 July each year.

NEW APPLICATION

RENEWAL

I /We Apply to become a:

- | | |
|---|----------|
| <input type="checkbox"/> Adult Member –(P) 1 x Vote. Competition points recorded/allocated for EOYA | \$ 90.00 |
| <input type="checkbox"/> Adult Member –(NP) 1 x Vote. For NO competition points required/recorded | \$ 60.00 |
| <input type="checkbox"/> Family Membership (2 x adults, 2 x youth) – (1) Vote + Points Allocation | \$150.00 |
| <input type="checkbox"/> Youth Member (18yrs & under as of 1 st Aug) Competition points allocated | \$ 30.00 |

*******NEW BANK DETAILS: WBC BSB: 036-087 ACCT 885300 *******

EFT payment - Please use your LAST NAME AND MEMBERSHIP as a reference. Please send signed membership form, copy of fee paid, & signed waiver, scanned, & email to wqha@outlook.com.au or post to PO BOX 5067, Midland WA 6056

Fee Enclosed \$ _____ I / we agree to abide by the Constitution, Rules and Regulations of the West Australian Quarter Horse Association (Inc).

Name of Applicant/Youth _____

Signature: _____ (Parent or Guardian to sign for Youth)

Date: _____

Office use –

Register update

Waiver/EFT

Membership Card



LIABILITY WAIVER FORM - EXCLUSION OF CERTAIN RIGHT TO SUE

By signing this form I, _____ residing from _____

1. 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 manner at any time.
2. Acknowledge that any person participating in the Event/Function is only allowed to do so on the distinct understanding that they do so at their risk.
3. Acknowledge that participating in the Event/Function may involve a real risk of serious injury or even death from various causes. I accept all risks necessarily flowing from participating in the Event/Function.
4. Acknowledge that the WAQHA relies on the information provided by me and state that all such information is accurate and complete.
5. Acknowledge the difficulties of participating in the Event/Function and warrant that I am physically fit to participate in the Event/Function and that I have not been advised otherwise by a qualified medical practitioner.
6. Acknowledge that I must disclose any pre-existing medical or other condition that may affect the risk that either myself, or any other person will suffer injury, loss, or damage.
7. Acknowledge that it is a condition of participating in the Event/Function that I follow the instructions of the WAQHA, and any person directly or indirectly always associated with the Event/Function.
8. I indemnify and keep indemnified the WAQHA and any person or body directly or indirectly associated with the Event/Function from all claims, demands and proceedings arising out of or connected with a failure by me to comply with rules and/or directions given to me by the WAQHA, and any person or body directly or indirectly associated with the Event/Function.
9. I indemnify and keep indemnified the WAQHA and any person or body directly or indirectly associated with the Event/Function against all claims made by any other person for injury or damage howsoever caused arising out of participation in the Event/Function, whether due to any negligent act, breach of duty, default and/or omission on the part of the WAQHA and any person or body directly or indirectly associated with the Event/Function, or otherwise.
10. I agree to abide by the Regulations of the Federal and State Government regarding Covid-19 and any additional rules and recommendations that have been implemented by the WAQHA/AQHA.
11. Furthermore I/we disclose that I have read and agree that the liability of the WAQHA & Australian Quarter Horse Association for any death, personal injury (as defined in the Fair-Trading Act 1999) or damage to property that may be suffered by me (or a person from whom, or on whose behalf, I am acquiring the services) resulting from the supply of recreational services is excluded.

I ACKNOWLEDGE THAT I HAVE READ THIS FORM OR THAT IT HAS BEEN EXPLAINED TO ME. I FULLY UNDERSTAND ITS TERMS AND I HAVE SIGNED THE DOCUMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Signature of individual Person applying for this membership, the Nominees signature for a Constituent Membership or the Parent/Guardian signature for a Youth Application

Signature: Name

Date:

Signature of Parent or Guardian (if under 18).....Date.....



**REGISTERED
QUARTER HORSE DETAILS**

Please provide the following information on any Quarter Horse you Own/Lease and intend showing, to assist this Association in collating points, etc.

Horses Name: _____

AQHA Reg No.: _____ Sex: _____ DOB: ___/___/___

Owned / Leased (circle) Owner AQHA Membership No. _____

Horses Name: _____

AQHA Reg No.: _____ Sex: _____ DOB: ___/___/___

Owned / Leased (circle) Owner AQHA Membership No. _____

Horses Name: _____

AQHA Reg No.: _____ Sex: _____ DOB: ___/___/___

Owned / Leased (circle) Owner AQHA Membership No. _____

Horses Name: _____

AQHA Reg No.: _____ Sex: _____ DOB: ___/___/___

Owned / Leased (circle) Owner AQHA Membership No. _____

Horses Name: _____

AQHA Reg No.: _____ Sex: _____ DOB: ___/___/___

Owned / Leased (circle) Owner AQHA Membership No. _____
