

APPLICATION FOR EVENT DAY MEMBERSHIP

This membership, of the WAQHA, is for a specific event only for the

Please ensure that you have read and fully understand this Application for an event Membership prior to signing:

Membership Name:

Address:.....

Mobile:

Email:

IF YOUTH MEMBER PLEASE STATE DATE OF BIRTH..... / /

Declaration and signature: By signing this agreement I/we understand that the Recreational Services, as set out in this form, may cause my/us and or my/our dependants' personal injury or death. By signing this agreement, I/we understand that I/we and my/our dependants waive our rights to sue the Provider for losses relating to my/our and or my/our dependants' personal injury or death that result from any negligence caused by the Provider. I/we agree to abide by the Constitution and the Rules and Regulations of AQHA and the WAQHA furthermore, I/we declare that I/we have read, understand, and agree to the terms and conditions of the Liability and Waiver printed below.

Print Name:

Signature..... **Date:**

If a youth application name and signature of parent/guardian required

LIABILITY WAIVER FORM EXCLUSION OF CERTAIN RIGHTS TO SUE

The purpose of this agreement is to limit the liability of the Provider to exclude liability for any personal injury or death to the Participant and other people in the care and control of the Participant howsoever caused who signed this form as acknowledgment of the terms and conditions of this agreement. By signing this form, you are waiving your rights to sue the Provider for losses relating to personal injury or death. Under the provisions of the Trade Practices Act and Various State Laws conditions are implied into contracts that mean that the Provider of Recreational Services, noted below, is required to ensure that the

Recreational Services it sells to you are: rendered with due care and skill, are fit for the purpose for which they are commonly bought as it is reasonable to expect in the circumstances or might reasonably be expected to achieve the result you have made known to the Provider.

Name and address of Provider: Australian Quarter Horse Association, Lot 13 Jack Smyth Drive, TAMWORTH NSW 2340. The Participant acknowledges that the activity being undertaken is an activity being undertaken for the purposes of recreation, enjoyment or leisure which involves a significant degree of physical risk. The Provider acknowledges that they are providing Recreational Services detailed below which means; providing facilities for participation in a recreational activity or training a person to participate in a recreational activity, or supervising, adjudicating, guiding, or otherwise assisting a person's participation in a recreational activity.

The Participant hereby acknowledges that in attending the recreational activity that there are inherent risks involved to him or her or other people in their care and control. This agreement is directed and limited to inherent risks that are patent. The participants also acknowledges that the purpose of the recreational activity is for the benefit of the Participant and for the benefit of those people attending with the Participant and that at all times the Participant is responsible for his or her own actions and the actions of those other people in his or her care and control.

Description of Recreational Services:

HORSE RIDING & COMPETITION OF THE AUSTRALIAN QUARTER HORSE

Steps taken by the Australian Quarter Horse Association to avoid the danger of personal injury or death.

- 1. Aiding Affiliates to support those Affiliates in the safe conduct of their activities.**
- 2. Implementation of a risk management approach to events sanctioned by the Association.**
- 3. Publication of resources to support the risk management approach of the Association and its Affiliates.**
- 4. Implementation of the rules and regulations as agreed by the Board of Directors of the Association**

The Participant acknowledges that during all times while he or she is attending the recreational activity, he or she does so at his or her own risk, and that the Participant, and other people in the care and control of the Participant, will not hold the Provider or any of its employees or agents liable for any personal injury or breach of contract whether caused by the negligence of the Provider, its employees or agents howsoever caused or otherwise. The Participant acknowledges that in the event that he or she or any of the other people in their care and control find either or any of them is in difficulty that they are to stop the activity or request that the activity be stopped if appropriate and seek help and/or assistance and advice.

Name _____

Signed _____ Date _____