



**CENTRAL WESTERN PERFORMANCE
HORSE CLUB INC.
P.O. BOX 1235
DUBBO NSW 2830**

MEMBERSHIP APPLICATION (Aug 2017/ Aug 2018)

I/We _____

Address: _____

Phone: _____ Mobile: _____

Email address: _____ PIC: _____

Hereby agree to renew my/our

- Family membership \$80.00 (2 Adults + Youth in family)
- Single membership \$50.00
- Youth membership \$30.00
- Day Membership \$40.00

I/We hereby agree to abide by the Constitution, Rules & Regulations of the Central Western Performance Horse Club Inc.

Enclosed is a cheque/money order/cash for \$_____ being for membership fees for the above.

Youth names & date of birth: Name _____ DOB _____

Name _____ DOB _____

Name _____ DOB _____

Full name/s of adult family members

Name _____ Signature _____ Date ___/___/___

Name _____ Signature _____ Date ___/___/___

How would you like your newsletter/club correspondence sent: (please circle) POST /EMAIL

The following information is required if you intend to show at our Club shows.

Please provide a copy of your Breed membership card & your horses registration if applicable)

BREED	HORSES NAME	REG #	HENDRA VAC Y/N
BREED	NAME OF MEMBERSHIP	MEMB #	

Please return to: The Secretary, CWPB Inc. PO Box 1235, Dubbo NSW 2830



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Member Acknowledgement 2017/2018

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 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 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 the 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 & Regulations of the Australian Quarter Horse Association and Central Western Performance Horse Club inc its Affiliated clubs and/or management/organizer of the activities and that I 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 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 & Regulations governing the activity require the wearing of a 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 participant/competitor Novice participant/competitor Never participated/competed

I understand that the Australian Quarter Horse Association and Central Western Performance Horse Club (inc) 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 further confirm 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 inducement of any kind.

Name(s) (Please Print)

.....

Signature(s)

.....



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INDEMNITY, RELEASE AND WAIVER OF LIABILITY

I understand and acknowledge that all aspects of handling, working with, in the vicinity of and riding horses is a dangerous activity and that horses can act in a sudden and unpredictable (changeable) way at any time.

I understand and acknowledge that serious injury or death may result from all activities involving horses.

I agree that I compete and/or attend any show conducted or authorized by the Central Western Performance Horse Club Inc. at my own risk and to indemnify and keep indemnified the organization or person involved in the conduct of any show against all claims, suits, actions or demands which may be brought in respect of any injury or other loss sustained by me in the course of competing/exhibiting at the show and agree to exonerate the committee of management of the show together with any other organization or person involved in the conduct of any Central Western Performance Horse Club Inc or HSAA show from all loss or injury to me whether due to alleged negligence or otherwise.

Signature Date

Name

NB: Parent or Guardian must sign on behalf of Youth competitor.

Name of Youth

Name Signature
Parent / Guardian

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