



## MEMBERSHIP RENEWAL/APPLICATION 2008/2009

*Affiliated with the Equestrian Federation of Australia (NSW)*

Date:.....

Please complete the following in **BLOCK LETTERS**

Surname:	Given Names:
Address:	
	Postcode:
Occupation:	
Telephone no's (AH)	(BH)
Mobile:	Email:
EFA Membership	My horses reside at this address: Yes / No

**Family Membership** (Please list all family members in this membership, state age if under 18 years)

Name:	EFA no:	Age:

<b>Existing members – Renewal</b>	<b>New Membership Application</b>
I wish to renew my membership for:	I wish to apply for:
Single Membership @ \$35	Single membership @\$35 + joining fee \$10. Tot: \$45
Family Membership @ \$50	Family membership @ \$50 + joining fee \$10. Tot: \$55
Child membership (under 18 yrs) @ \$20	Child membership @ \$20 (no joining fee)
Non riding member @ \$20	Non riding member @ \$20 (no joining fee)

- The Membership year is from 1<sup>st</sup> September 2008 to 1<sup>st</sup> September 2009
- New Members that join between 1<sup>st</sup> July to 1<sup>st</sup> Sept are not required to renew membership for the following year
- The joining fee applies also to LAPSED MEMBERS whose membership has lapsed for more than 3 months.
- Any person can be a member, however voting rights are restricted to those over 18 years old
- A family membership includes two adults and their children under the age of 18 years.
- I agree to be bound by the rules of the above named incorporated association for the time being in force.

### MEMBERS MUST COMPLETE THE ATTACHED WIAVER OF LIABILITY

I wish to receive my newsletter by (please tick preference)... email..... by post.....

Signature of applicant:.....(will not be accepted unless signed)

Cheque/Money order to be made payable to Young Dressage Association Inc.

**POST TO: YOUNG DRESSAGE ASSOC, PO BOX 1005, YOUNG NSW 2594**

# Member Release and Waiver of Liability

The Equestrian Federation of Australia  
ACN 077 455 755 ABN 19 077 455 755



Full Name of participant (and guardian if under 18 years) .....

Address .....

State ..... Post Code ..... Date of birth .....

Name of Club/Organisation: **Young Dressage Association Inc.**

Membership No. **2026291**

Address of Event / Activity: Bendick Murrell Sportsground, Bendick Murrell NSW.....

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

Horse sports are a dangerous recreational activity and horses 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 horse sport activities.

I knowingly and freely assume all such risks, both known and unknown, and 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 sport activities.

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

I agree to follow the directions of any event organiser or official and that any misconduct or refusal by me to follow any direction of any organiser or official can result in the **CANCELLATION** of my participation in the activities and my immediate removal from my horse **NO MATTER** where that may occur. I understand that any such non-compliance may result in injury, death and/or permanent disability as a result of my failure to comply.

I agree to wear a helmet at all times whilst riding where this is required under the relevant EFA and FEI rules and regulations and agree that I am solely responsible for ensuring that whilst riding I wear a suitable helmet at all times where required under the relevant EFA and FEI rules and regulations and take sole responsibility for my actions.

**I have had sufficient opportunity to read this assumption of risk agreement, fully understand its terms and sign it freely and voluntarily.**

Dated: \_\_\_/\_\_\_/\_\_\_

Signature of rider/guardian \_\_\_\_\_

## For Participants of Minority Age (Under Age 18)

This is to certify that I, as a parent/guardian with legal responsibility for this participant, acknowledge, understand and accept ALL OF THE ABOVE and consent and agree to my minor child's involvement or participation in horse sport activities.

Dated: \_\_\_/\_\_\_/\_\_\_

Signature of rider/guardian \_\_\_\_\_

## PLEASE INDICATE IF YOU ARE WILLING TO ASSIST IN THE FOLLOWING:

Setting up arenas (before event starts) .....

Pencilling (writing) for judges (min 1 hour).....

Judging (level?) .....

Scoring and/or collecting test sheets.....

Dismantling of arenas at end of day (1/2 hour max).....