



MEMBERSHIP FORM 2018 - 2019

TICK MEMBERSHIP TYPE: NEW RENEWAL DAY MEMBER \$15

NAME IN FULL _____

MALE / FEMALE _____ Current Rider Rating (if renewal) _____

ADDRESS _____

SUBURB _____ POST CODE _____

PHONE _____ MOBILE _____

EMAIL _____

DATE OF BIRTH _____

MEMBERSHIP TYPES: (Please circle membership you are applying for if not a Day Member.)

Individual (18 years and over) \$50

Youth (17 years and under) \$35

Family (17 years and under living with you) \$120

Please List Family Members (if applying for Family Membership)

Name	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ACKNOWLEDGEMENT

I _____ verify that the above information is true
(Print Name) and correct.

Signature _____ Date _____

PLEASE COMPLETE 'RELEASE AND WAIVER OF LIABILITY' FORM ON THE REVERSE SIDE.

MID NORTH COAST TEAM PENNING ASSOCIATION INC.

AFFILIATE OF TEAM PENNING AUSTRALIA INC.

RELEASE AND WAIVER OF LIABILITY FORM

HORSE RIDING AND PARTICIPATION IN HORSE RELATED ACTIVITY IS DANGEROUS

In consideration for being permitted to participate in any way in team penning activities I, the undersigned, understand, acknowledge and accept that as an Affiliate of TPA Inc:

- 1) Horse riding and participation in horse related activities is/are dangerous recreational activities & horses & cattle can act in a sudden & unpredictable way, especially if the animal is frightened or hurt. There is significant risk that serious **INJURY** or **DEATH** may result from participating in horse related competition or activities.
- 2) I knowingly & freely assume all such risks, both known & unknown, even if arising from the negligence of that being an Affiliate of TPA Inc, and / or management / organiser or others, that I voluntarily **PARTICIPATE** at my **OWN RISK** & assume sole responsibility for any injury, death or property damage I may suffer that arises from my participation in team penning horse related activities with team penning.
- 3) I agree not to drink alcohol or take drugs prohibited by law before or during any team penning horse activity.
- 4) I agree to abide by the rules, regulations and follow all instructions of the Affiliate of TPA Inc, and / or management / organiser of the activity. My failure or refusal to do so can result in my immediate disqualification from the team penning activities and forfeit all fees paid.
- 5) I agree to wear a helmet of the currently approved standard in all team penning activities where the rule & regulations governing the team penning activity require the wearing of a helmet. I am solely responsible for ensuring that I wear a suitable helmet when required and take sole responsibility for my actions.
- 6) I understand that as an Affiliate of TPA Inc, and / or management / organiser takes due care to ensure that the venues chosen are safe and suitable, any equipment provided for the purpose of team penning activities is maintained in good condition & as the Affiliate of TPA Inc organisers are appropriately trained. I also understand that the Affiliate of TPA Inc club or organisers will not be liable for any loss, damage or injury suffered by me or any child under my care as a result of participation in team penning horse related activities, whether caused by the Affiliate of TPA Inc / organisers or otherwise.
- 7) I further confirm that I am in good health & do not suffer from any disability which will affect my ability to participate. I have had sufficient opportunity to read this release of liability, fully understand its terms, understand that I have given up substantial rights by signing it & sign it freely & voluntarily without inducement of any kind.
- 8) I understand that my signature to this document constitutes a complete & unconditional release of all liability of as the Affiliate of TPA Inc, and / or organiser to the greatest extent allowed by law in the event of me and / or the children under my care, suffering injury or death.

HORSE EXPERIENCE

Very experienced participant

Novice participant

Never participated

(NAME OF MEMBER / PARTICIPANT)

(SIGNATURE OF MEMBER / PARTICIPANT)

Date of Signing ____ / ____ / ____

(SIGNATURE OF PARENT / GUARDIAN WHERE

MEMBER/PARTICIPANT IS UNDER 18 YEARS OLD)