

Membership Application

Office use only

WWW.AQHA.COM.AU

PO Box 979 Tamworth NSW 2340
 Telephone: (02) 6762 6444 Fax: (02) 6762 6422

ABN 41 000 964 643

For a description of the different types of membership offered by the AQHA please read the Membership Description form attached.
IMPORTANT: Membership must be in the name that you wish to use as the owner of any horse which you may purchase or breed.

Section 1. Full, Life, Youth or Associate Memberships

Name

Postal Address

P/Code

Email Address Fax

Telephone Home Work Mobile

If YOUTH membership please state date of birth Under 19 as at 1st August of current membership year

Youth Members may only own two (2) horses, neither of which can be a stallion.

Section 2. Constituent Memberships

Please list name of Corporation, Partnership or Society in this Constituent membership

If this Constituent membership is a "Partnership", then that Partnership must be a relationship that exists between persons carrying on a business for profit. If this application is for a Partnership please tick this box

Nominees Name Signature

Nominees Name Password

Nominee is the only person eligible to vote and sign on behalf of this membership

This is to be quoted when wishing to amend membership details over the phone

Signatory Authorisation Forms – If a Full, Life or Constituent Membership wishes to have another person authorised other than the Nominee, of a Constituent mentioned above, to have authority to sign breeding returns, transfers, registration applications, entries for State or National shows or submit points on their behalf, then they must fill out a Signatory Authorisation form. Available online & from the AQHA Office.

Please tick one

<input type="checkbox"/> Full Membership	\$176.00
<input type="checkbox"/> Constituent Membership	\$176.00
<input type="checkbox"/> Youth Membership	\$ 55.00
<input type="checkbox"/> Associate Membership	\$ 88.00
<input type="checkbox"/> Life Membership	\$2,500.00
<input type="checkbox"/> Promo Membership (1 st time members)	\$ 88.00

I/we agree that my/our contact details can be made available to other members. Yes No

Cheque (payable to AQHA) MASTERCARD VISA

Please debit my credit card number _____/_____/_____

Expiry Date

Name on card

Signature

I/we agree to abide by the Constitution and the Rules & Regulations of the Australian Quarter Horse Association as determined from time to time.
 Note: all annual subscriptions shall become due and payable on the first day of August each year.

Overseas members—please add \$50 to above fees and payment must be made by credit card

I/we understand and agree that the results of any genetic testing facilitated by the Australian Quarter Horse Association on my/our behalf is and remains the property of the Association for its use in its absolute discretion.

Further, I/we declare that we have read, understand and agree to the terms and conditions of the Liability Waiver Form printed on the reverse of this Application for Membership.

Person listed in Section 1 and all persons listed in Section 2 above must sign here. NB Parent/Guardian of Youth Member must also sign below

Name <input style="width: 95%;" type="text"/>	Signature <input style="width: 95%;" type="text"/>	Date <input style="width: 95%;" type="text"/>
Name <input style="width: 95%;" type="text"/>	Signature <input style="width: 95%;" type="text"/>	Date <input style="width: 95%;" type="text"/>
Name <input style="width: 95%;" type="text"/>	Signature <input style="width: 95%;" type="text"/>	Date <input style="width: 95%;" type="text"/>



**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
131 Gunnedah Road 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. Providing assistance to 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.

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.

All persons included in this membership must be noted in this section

Name	Signature	Date
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.....
.....

Name and Signature of Nominee of Youth Membership (if participant is U/18)

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