

**BURPENGARY WESTERN PERFORMANCE CLUB  
INC.  
BURPENGARY  
MEMBERSHIP APPLICATION/RENEWAL**

AQHA  
AFFILIATE

<b>SURNAME/S:</b>	
<b>FIRST NAMES:</b>	<b>AGE</b>
	<b>AGE</b>
	<b>AGE</b>
	<b>AGE</b>
	<b>AGE</b>

**ADDRESS:** \_\_\_\_\_

**PHONE NO:**    **WORK** \_\_\_\_\_    **HOME** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**BREED MEMBERSHIP NO'S (I.E. AQHA Q123456) please insert horse info. & owner membership info. on separate lines.**

MEMBERS NAME/HORSES NAME	ASSOCIATION	MEMBERSHIP NO.	HORSE REG. NO

**AS A CLUB MEMBER I/WE WISH TO HELP OUT AT CLUB EVENTS AS:**

**STEWARD    CANTEEN    SET UP TRAIL    ANNOUNCER    GATE MARSHALL    OTHER SUGGESTIONS FOR HELP (Please circle choices)**  
(If you join the Club after the 31<sup>st</sup> May, your Membership will be valid until the end of the following year.)

**OCCUPATION:** \_\_\_\_\_

**SIGNED:** \_\_\_\_\_ **DATED:** \_\_\_\_\_

**COMMITTEE MEMBER SIGNATURE:** \_\_\_\_\_

<b>FEES:</b>	<b>FAMILY</b>	<b>\$50</b>	<b>PLEASE TICK:</b>	<b>NEW</b>	<input type="checkbox"/>
	<b>SINGLE</b>	<b>\$30</b>			
	<b>YOUTH</b>	<b>\$20</b>			
	<b>SOCIAL</b>	<b>\$10 (Non Riding)</b>		<b>RENEWAL</b>	<input type="checkbox"/>

**Bank Account Details: Bank of Qld, BSB: 124041, Account: 22038476 (include reference – e.g. Surname). If paying direct into above bank account please email/post completed membership form together with bank receipt.**

**Receipt No.**

**AUSTRALIAN QUARTER HORSE ASSOC.  
BURPENGARY WESTERN PERFORMANCE CLUB INC.**

**Membership Acknowledgement 2018/2019**

**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/We voluntarily **PARTICIPATE** at my/our **OWN RISK** and assume sole responsibility for any injury, death or property damage I/We may suffer that arises from my/our participation in horse related activities.

I/we understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs before and during the activity and I/we take full responsibility for any injury, loss or damage associated their consumption. I/we agree not to drink alcohol or take drugs prohibited by law before or during any horse activity.

I/we agree to abide by the Rules and Regulations of the Australian Quarter Horse Association, its affiliated clubs and/or the management/organizer of the activities and I/we will follow all direction of the management/organizer of the activities. My/our failure or refusal to do so can result in **my/our immediate disqualification** from the activities and the forfeiting of all fees paid in relation to the activities. I/we understand that any such noncompliance may result in injury, death and/or permanent disability.

I/we agree to wear a helmet of the currently approved Australian standard in all activities where the Rules and Regulations governing the activity require the wearing of a helmet. I/we am/are solely responsible for ensuring that I/we wear a suitable helmet correctly when required and take sole responsibility for my/our actions.

**Horse Experience:** (circle one) Very experienced participant/competitor    Novice participant/competitor    Never participated/competed

I/we understand that the Australian Quarter Horse Association, its affiliated clubs and/or 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 is appropriately trained.

I/we further confirm I/we am/are in good health and do not suffer from any disability which will affect my ability to participate. I/we have had sufficient opportunity to read this document, fully understand its terms and sign it freely and voluntarily without inducement of any kind.

**COMPULSORY (All persons covered under the membership must be noted in this section)**

Name of Members (Please print)

Dated

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SIGNATURE.....