

GH&RA TEMPORARY MEMBERSHIP FORM & WAIVER LIABILITY

EVENT DATES - ___/___/___ TO ___/___/___

EVENT NAME - _____



Please print clearly and complete all 3 sections A, B & C.

A

Adult 1 Name _____

First & last name

Adult 2 Name _____

First & last name

(Children must be under 18 years, please supply date of birth):

Child 1: _____ DOB: _____ Child 2: _____ DOB: _____

Child 3: _____ DOB: _____ Child 4: _____ DOB: _____

Email _____

Phone _____

Address _____ Postcode _____

GH & RA
PO Box 273
Gympie QLD 4570

FEES – \$20 PER PERSON PER DAY (24 HOURS)

Payment made by – please circle payment method

Cheque **Cash** **Bank (reference)** _____ **(Surname mship)**

Bank Details – BENDIGO – BSB 633 000 AC 182229302

IN SIGNING THIS FORM AND PAYING THE FEE, I/WE AGREE TO COMPLY WITH CLUB RULES & POLICIES.

SIGNED _____ **DATE** _____

B

Are you allergic to any medication or do you have any other allergies GH&RA should be aware of?

Please circle - Yes.. No.. If yes please supply details:

Are you currently taking any medication or is there any disability, injury or medical condition that GH&RA need to be aware of?

Please circle - Yes.. No.. If yes please supply details:

Please provide an emergency contact name & number and/or next of kin: _____

C

RELEASE AND WAIVER OF LIABILITY 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.

Name and address of Provider: **GYMPIE HORSE & RODEO ASSOCIATION INC, JANE STREET, GYMPIE QLD 4570**

I understand and acknowledge that horse events can be a dangerous activity. I understand and acknowledge that serious INJURY or DEATH may result from competing/participating in Team Penning, Cutting, Cattle Work and any other horse riding activities.

I agree that I RIDE/ATTEND at my OWN RISK at all GH&RA events and that the GH&RA shall not be liable for my personal injury, death, loss or damage occasioned to me or loss or damaged occasioned to any of my possessions.

I understand and acknowledge not to compete/participate whilst under the influence of alcohol or drugs prohibited by law. I understand not to ride in a dangerous manner, which may cause injury to others or myself. I understand and acknowledge the rules and the safety requirements of the activities in which I wish to participate. I understand and acknowledge that any rider under 18 must wear a helmet.

EFFECT OF THIS DOCUMENT

I understand that my signature to this document constitutes a complete and unconditional release of liability of the GYMPIE HORSE & RODEO ASSOCIATION INC and it's officers to the greatest extent allowed by law in the event of me and/or the children under my care against suffering injury or death.

SIGNED _____ **DATE** _____

TO BE SIGNED BY ALL MEMBERS OVER 18, TO BE SIGNED BY PARENT/GUARDIAN IF PARTICIPANT 18 & UNDER.