

RENEWAL OF MEMBERSHIP FORM 2011/2012

Affiliate of "THE SHOW HORSE COUNCIL OF AUSTRALASIA Inc." ABN 51 590 953 920)

www.showhorsecouncilaust.com.au

Name of Affiliate: **HUNTER REGIONAL SHOW HORSE ASSOC.** ABN

Postal Address Of Affiliate: **P.O. Box 4124, Lakehaven 2263**

Contact: **JoAnne Parry**

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PERSONAL DETAILS OF MEMBER AND DECLARATION

I, _____ of _____
(NAME) (ADDRESS)
P/C _____ Ph _____

Mobile: _____ Email: _____

I Hereby apply for membership of the above Association. In the event of my admission as a member of the Association, I acknowledge membership of The Show Horse Council Of Australasia Inc. (S.H.C.) through Affiliation and I agree to be bound by THE RULES, for the time being in force, of both the Association and the Council. I declare, in making this application, that I do not hold membership with another Affiliated Association.

Horse Sports are a Dangerous Activity

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 activity 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 these 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 these 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 where required in accordance with the S.H.C. Rules and agree that I am solely responsible for ensuring that I comply with the S.H.C. Rules and take sole responsibility for my actions.

Do you agree to your details being supplied to selected Sponsors YES / NO

Are you Junior under 17 years of age? IF YES supply date of birth _____ No
If a "Minor" under 18yrs one Parent or Guardian of the Applicant must sign below.

Signed: _____ (Date) _____
(Signature of Applicant OR IF A MINOR A PARENT/GUARDIAN TO SIGN)

PAYMENT DETAILS

Category No. 1) 2) 3) Amount \$ _____
(please circle)

OFFICE: Rec'd RECEIPT/TAX INVOICE No.

SHC RENEWAL FEE SCHEDULE - NSW & ACT 2011-2012

1.	RENEWAL - ADULT ACTIVE/RIDING MEMBER	Period 1/7/11 – 30/6/12	\$100.00
	Benefit of 24/7 P.A. applies to Category 1)		
2.	RENEWAL - JUNIOR ACTIVE/RIDING MEMBER	Period 1/7/11 – 30/6/12	\$80.00
	Benefit of 24/7 P.A. applies to Category 2)		
3.	NON-RIDER/NON-COMPETITOR MEMBER	Period 1/7/11 – 30/6/12	\$20.00
	24/7 P.A. Benefit does NOT apply to Category 3)		
DEFINITION: The Non Rider/Non Competitor Membership is for the member who DOES NOT ride a horse at ANY time, either for pleasure, exercise or training & DOES NOT COMPETE as a rider or handler of a horse in ANY Competition or Event.			