



BURDEKIN QUARTER HORSE & CUTTING ASSOCIATION Inc.
 P.O. BOX 262, Brandon QLD 4808

2009 MEMBERSHIP APPLICATION FORM

Please tick the appropriate membership type –

Family \$60.00

Single \$30.00

Youth \$10.00

Current financial member of another QLD cutting club
 (proof of membership will be sourced) \$15.00

Non-Rider / Social Membership FREE

Are you applying for a membership renewal: or a new Membership:

Fees are due 1st February every year.

Please forward fully completed form and payment to The Secretary at the above address.

The BQHCA Committee reserves the right to accept or reject membership applications without assigning any reason.

Name/s:	
Address:	Postcode:
Email:	
Phone:	
Emergency Contact:	
<p>Are you a member of any of the following, please tick and include membership details where appropriate:</p> <p>AQHA: Yes <input type="checkbox"/> No <input type="checkbox"/> Membership #:</p> <p>NCHA: Yes <input type="checkbox"/> No <input type="checkbox"/> Membership #:</p> <p>PHAA: Yes <input type="checkbox"/> No <input type="checkbox"/> Membership #:</p> <p>ASHS: Yes <input type="checkbox"/> No <input type="checkbox"/> Membership #:</p> <p>AAA: Yes <input type="checkbox"/> No <input type="checkbox"/> Membership #:</p> <p>Other Cutting Club: Yes <input type="checkbox"/> No <input type="checkbox"/> Membership #:</p> <p>Club Name:</p> <p>Club Contact:</p>	

Signature: Date:

Important Note: When becoming a member you are agreeing to receive correspondence from the BQHCA and sponsors of our events. Photos of yourself and others under your membership that are taken during events may be used for various things including promotional materials for the Club.

If you do not wish to be photographed at BQHCA events & other related activities please tick the box provided

AUSTRALIAN QUARTER HORSE ASSOCIATION

CLUB NAME: BURDEKIN QH & CUTTING ASSOC

MEMBER ACKNOWLEDGEMENT 2008/2009

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/We, 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 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 with 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 & Regulations of the Australian Quarter Horse Association, its Affiliated clubs and/or management/organizer of the activities and that I/We will follow all directions of the management/organizer of the activities. My failure or refusal to

do so can result in **my immediate disqualification** from the activities and the forfeiting of all fees paid in relation to the activities. I/We understand that any such non compliance 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 & Regulations governing the activity require the wearing of a helmet, I/We am solely responsible for ensuring that I/We wear a suitable helmet correctly when required and take sole responsibility for my actions.

Horse Experience: (tick where appropriate)

- Very experienced participant/competitor
- Novice participant/competitor
- Never participated/competed

I/We understand that the Australian Quarter Horse Association its Affiliated clubs and/or the 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 are appropriately trained.

I/We further confirm I/We am 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

Name of Participant/Member

Dated

APPLICATION FOR TEMPORARY MEMBERSHIP

Please ensure that you have read and fully understand this Application for Temporary Membership and the Member Acknowledgement printed above prior to signing:

Title: Mr Mrs Ms Miss

Membership Name:

Postal Address:

.....Post Code:

Telephone: Home () Work () Fax () Email

IF YOUTH MEMBER PLEASE STATE DATE OF BIRTH / /

Period of Membership: / / to / /

By signing this form and paying the required fee, I/We agree to abide by the Constitution and the Rules and Regulations of AQHA and any local rule of Burdekin QH & Cutting Assoc as determined from time to time.

Furthermore, we declare that we have read, understand and agree to the terms and conditions of the AQHA Member Acknowledgement.

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

Signature of Parent/Guardian if Participant is 18 years or under.

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