



**BURDEKIN QUARTER HORSE & CUTTING ASSOCIATION Inc.**

P.O. BOX 262, Brandon QLD 4808

Phone: Mick (President) 0411 706 947 or Anne (Vice President) 4782 6777 E: admin@bqhca.com.au

**2011 MEMBERSHIP APPLICATION FORM**

Please tick the appropriate membership details below –

Family \$80.00 (2 x adults 2 x kids)  Single \$40.00  Youth \$10.00

Non-Rider / Non Voting / Social Membership FREE

Membership renewal:  New membership:

Payment Method: Cash  Cheque  EFT

**Fees are due 1<sup>st</sup> January, 2011.**

Please forward completed form & payment to Secretary at address shown above.

For EFT details visit <http://www.bqhca.com.au/Forms/Forms2011.html>

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

**IMPORTANT NOTE:** If you are applying for a family membership the below information needs to be completed for each person included on your membership. If a member is under 18 years of age this form is to be completed and signed by a Parent or Guardian.

<b>Full Name</b>			
<b>Address</b>			Postcode:
<b>Phone</b>	(Home):	(Mobile):	(Work):
<b>Email</b>			
<b>Emergency Contact Details</b>	Next of Kin:	Doctors name:	
	Relationship:	Medical Centre:	
	Contact Details:	Contact Details:	
<b>Medical Details</b>	Are you taking any medication? If so for what reason?		
	Do you have any long-term illnesses (e.g. Asthma, Heart Condition, Diabetes)?		
Do you consider yourself (or son/daughter) to be physically fit and capable of full participation in events run by the BQHCA? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you agree to notify the club of any changes of medical information for yourself (or son/daughter)? Yes <input type="checkbox"/> No <input type="checkbox"/>			
In the event of injury do you give permission for club officers to obtain emergency medical treatment on your behalf (son/daughter behalf)? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Membership Details</b>	AQHA Membership #:	NCHA Membership #:	PHAA Membership #:
	AAA Membership #:	Other Recognised Breed/Colour Society Membership #:	

I understand and acknowledge that all aspects of handling, working with and in the vicinity of and riding horses is a dangerous activity and that horses can act in a sudden and unpredictable (changeable) way at any time.

I also understand and acknowledge that the club is an active participant in horse sport activities and accidents causing bodily injury, disability and death can, and do occur.

By signing this form I agree to:

- Abide by the rules and policies of the Burdekin Quarter Horse and Cutting Association Inc. (both verbal and written).
- Abide by directives given by the Executive Committee and authorised representatives of the club.
- Pay all fees as and when they become due.
- Behave in a manner so as to not discredit the club in anyway.

<b>Signed</b>		Please print name:
		Date:

**Important Note:** When becoming a member you are agreeing to receive correspondence from the BQHCA and sponsors of our events. Photos/video 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/videoed at BQHCA events & other related activities please tick the box provided.

At times we may have requests for contact details, please check this box if you are happy for your contact phone or email details to be shared with other members and organizations if requested.

Do you have a current First Aid Certificate? Yes/No

<b>OFFICE USE ONLY -</b>	
Amount Received:	
Date:	BQHCA Membership #



**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 covered under this membership must be noted in this section**

<b>Nominee Name</b>	<b>Signature</b>	<b>Date</b>
.....	.....	.....