

# DAY MEMBER APPLICATION



To be completed by participants who are not full Financial Members of Collie Western Riding Association Inc.

Participants in events organised by Collie Western Riding Association Inc. who are not current Full Financial Members of Collie Western Riding Association Inc. upon completion of this form, and payment of the Day Member Entry Fee, are deemed to be “Day Members” of the undermentioned event only.

As part of the Day Member Entry Fee, \$20,000,000 Personal Liability insurance is automatically provided to you, but only whilst participating in activities organised and/or run by Collie Western Riding Association Inc. at the undermentioned event. Cover will be afforded to you where you are liable for causing bodily injury or property damage to others, excluding whilst travelling to and from such event.

A \$1,000 excess will be payable by you in respect of each and every claim. By completing this form, you agree to abide by the Rules & Conditions of Collie Western Riding Association Inc. and any Rules of the event.

Full Name of Attendee:	
Date of Birth:	
Full Address:	
Phone Number:	
Email Address:	
Horse(s) Name:	
Name of Event / Activity:	
Address of Event / Activity:	
Date of Event / Activity:	

## HORSE SPORTS ARE A DANGEROUS ACTIVITY

In consideration for being permitted to participate in any way in horse sport activities and in particular this event, 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 and in particular this event.
- I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the proprietors of Collie Western Riding Association Inc. and/or the event organiser (hereafter referred to as the “Releasees”) or others 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 this event.

- 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 the event and my immediate removal from my horse no matter where that may occur. I further agree to abide by the Rules and Conditions of this show and the official Rule Book of Collie Western Riding Association Inc. I understand that any such non-compliance may result in injury, death and/or permanent disability and I agree to indemnify the Releasees against all claims made by any person as a result of my failure to comply.
- I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless and agree not to sue the proprietors of Collie Western Riding Association Inc. and/or the event organiser, their officers, officials, volunteers, coaches, agents and/or employees, other participants, sponsoring agencies, sponsors, state bodies, affiliated clubs and if applicable, owners and lessors of premises used to conduct the activities (all of whom are referred to as “Releasees”) with respect to any and all injury, disability, death, or loss or damage to person or property, whether caused by the negligence of the releasees or otherwise.
- I understand that due to diseases such as equine influenza, the Department of Primary Industries, or other state or commonwealth government bodies may restrict or prevent the movement of horses, vehicles and personnel for a time period, otherwise known as a “standstill”. I acknowledge that a standstill is a risk of competing and agree to pay any costs or expenses incurred by any person or organisation for and on behalf of my horse(s) as a result of the standstill.

#### **EFFECT OF THIS DOCUMENT**

I have had sufficient opportunity to read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without inducement of any kind. I understand that my signature to this document constitutes a complete and unconditional release of all liability of the Releasees, to the greatest extent allowed by law in the event of me and/or the children under my care, suffering injury or death.

Full Name:	
Date:	
Signature:	

#### **FOR PARTICIPANTS OF MINORITY AGE (UNDER 18)**

This is to certify that I, as a parent/guardian with legal responsibility for this participant, acknowledge, understand and accept all of the above and consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities arising from my minor child’s involvement or participation in horse sport activities and in particular, this event, even if arising from the negligence of the Releasees.

Full Name of Attendee:	
Full Name of Parent / Guardian:	
Date:	
Signature of Parent / Guardian:	