



2015 Restricted Day Membership Form

Show Horse Gala Show



Equestrian Queensland
PO Box 1358 COORPAROO DC QLD 4151
Ph: 07 3891 6611 FAX: 07 3891 3088

Website: www.qld.equestrian.org.au

Email: enquiries@equestrianqld.com.au

This Form becomes a TAX INVOICE on payment. ABN: 79 598 577 242

Surname: _____ Given Name: _____

Postal Address: _____

Town: _____ State: _____ Post Code: _____

Telephone: BH: _____ AH: _____ Mobile: _____

Email: _____

Date of Birth: _____ (Required by ALL NON- MEMBERS) Gender: male / female

Have you previously been a member of EA? Yes / No If yes, please provide your number if possible: _____

Do you own a horse? Yes / No (please circle) If yes, supply a PIC number of the property where the horse is located.

Property Identification Code (PIC): _____

Membership Categories (includes GST) – Membership is only current for Saturday 17th October – no personal accident is included in the restricted membership payment (Please indicate ✓ category)

- ☐ Restricted Participant: Senior \$20
- ☐ Restricted Participant: Junior \$20

Please note that restricted membership is for participant level only for Saturday 17th October, 2015 at the Show Horse Qld Gala Show.

You are not eligible to enter any Full Equestrian Queensland Membership classes that are on the program.

Should you wish to join EQ after the event and within seven (7) days of the show, this amount will be deducted from the category of membership that is appropriate to your requirements. The \$50.00 joining/lapse fee will also be waived.

MEMBERSHIP AGREEMENT - I hereby apply for renewal of my membership of EA Ltd & EQ Inc. In doing so, I agree to be bound by the Rules & Regulations of the FEI, EA Ltd and EQ Inc. & all decisions of the Committees of the Branch.

THIS FORM MUST BE SIGNED OR IT WILL BE RETURNED

Release and Waiver of Liability

(This release and waiver applies to all Equestrian Queensland endorsed activities)

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 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 understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs and agree not to drink alcohol or take drugs prohibited by law before or during any horse sports 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 the activities and my immediate removal from my horse NO MATTER where that may occur.

I agree to wear an approved helmet at all times whilst participating in the sport where this is required under the relevant EA and FEI rules and regulations.

I have had sufficient opportunity to read this Dangerous Activity Acknowledgement and fully understand its terms and sign it freely and voluntarily.

Signature of Member Date...../...../.....

For Participants of Minority Age (Under Age 18) Parent / Guardian Name This is to certify that I, as a parent/guardian with legal responsibility for this participant, acknowledge, understand & accept ALL OF THE ABOVE & consent & agree to my minor child's involvement or participation in horse sport activities. I also agree to abide by the Parents Code of Conduct as it relates to Equestrian Sports. I understand that should I breach this Code of Conduct in any way I may be penalised for such a breach as determined by Equestrian Australia, Rules, Code of Conduct).

Signature (Member or Parent / Guardian).....Date...../...../.....

Postage & Payment Details {PLEASE NOTE: IF PAYING BY CREDIT CARD AN ADDITIONAL 3% BANK CHARGE WILL APPLY}

- ☐ Cheque / Money Order Enclosed for \$..... Please make payable to Equestrian Queensland
- Please charge My ☐ Bankcard ☐ MasterCard ☐ Visa ☐ AMEX \$.....

Card number : _____ EXP: _____ / _____

Card Holders Name: _____ Signature: _____ Date: _____

Please return this notice along with payment. The branch waiver must be signed prior to membership being processed.