

BACK NUMBER _____

MEMBERSHIP APPLICATION FORM

1st August 2020 - 31 July 2021

MEMBERSHIP TYPE FAMILY..... (tick one)

MEMBER SINGLE.....

YOUTH.....

I hereby apply for membership with the Central Coast Quarter Horse Association. I agree to be bound by its rules and regulations as set down in its constitution and as determined by the Committee from time to time. Membership Fees are due 1st August each year.

NAME 1: _____

ADDRESS: _____

POST CODE: _____ PH/MOBILE: _____

1 EMAIL: _____

1 Breed Association: _____ 1 Membership No: _____

NAME 2: _____

2 EMAIL: _____

2 Breed Association: _____ 2 Membership No: _____

NAME 3: _____

3 EMAIL: _____

3 Breed Association: _____ 3 Membership No: _____

NAME 4: _____

4 EMAIL: _____

4 Breed Association: _____ 4 Membership No: _____

Declaration:

In completing this form you agree to the rules set out by the CCQHA _____

I approve use of photos taken at CCQHA shows/ clinics and training _____

CCQHA CODE OF CONDUCT

I Understand that, membership of the Central Coast Quarter Horse Association is a privilege, not a right, application for which must be made on forms and by payment of fees my application will be granted at the committees discretion. I must be in good standing with the CCQHA committee to gain membership.

Membership or application will be terminated or rejected by the Committee for any cause detrimental to the interests, policies, objectives of the Association and the harmonious relationship of its members, as determined by the Committee.

Any engaging in unsportsman like conduct including, but not limited to, inappropriate language. conspiring with another person or persons to intentionally violate Association rules, or to assist in any violation of Association rules.

Any form of conduct that inhibits competition at Association events.

Directing abusive or threatening conduct or language toward Association representatives or other members and guests.

I will treat all Association representatives with courtesy, cooperation and respect

I will give prompt and truthful information when asked by the committee, concerning any matter of the I have knowledge.

I^(full name) Understand Central Coast Quarter Horse Association has a code of conduct, I have read the code of conduct and I understand I must follow the code of conduct and CCQHA rules to be a member of CCQHA.

By completing and submitting this form to the CCQHA I agree to the above statement.

Date



LIABILITY WAIVER FORM EXCLUSION OF CERTAIN RIGHTS TO SUE 2020-2021

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 Law s 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: *Central Coast Quarter Horse Association*

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 acknowledge 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 CENTRAL COAST QUARTER HORSE ASSOCIATION Steps taken by the Central Coast 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

By completing and submitting this agreement I/we understand that the Recreational Services, as set out in this form, may cause my/us and or my/our dependents personal injury or death. By completing and submitting this agreement I/we understand that I/we and my/our dependents waive our rights to sue the Provider for losses relating to my/our and or my/our dependents personal injury or death that result from any negligence caused by the Provider.

Name: _____ Date: _____

Name: _____ Date: _____

Name: _____ Date: _____

Name of legal guardian (if participant is under 18) _____

Name: _____ Date: _____