

MEMBER RELEASE AND WAIVER OF LIABILITY

THE EQUESTRIAN FEDERATION OF AUSTRALIA
ACN 077 455 755 ABN 19 077 455 755



FULL NAME OF PARTICIPANT (AND OF GUARDIAN IF UNDER 18 YEARS) .

ADDRESS.....

STATE POST CODE..... . DATE OF BIRTH.....

NAME OF CLUB/ORGANISATION. - CENTRAL COAST SPORTING HORSE ASSOCIATION

MEMBERSHIP NO. Y1696937

ADDRESS OF EVENT / ACTIVITYJILLIBY ROAD JILLIBY.....

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 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. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, 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 ACTIVITIES 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 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 UNDERSTAND THAT ANY SUCH NON-COMPLIANCE MAY RESULT IN INJURY, DEATH AND/OR PERMANENT DISABILITY AS A RESULT OF MY FAILURE TO COMPLY.

I AGREE TO WEAR A HELMET AT ALL TIMES WHILST PARTICIPATING IN THE SPORT WHERE THIS IS REQUIRED UNDER THE RELEVANT EFA AND FEI RULES AND REGULATIONS, AND AGREE THAT I AM SOLELY RESPONSIBLE FOR ENSURING THAT WHILST PARTICIPATING I WEAR A SUITABLE HELMET AT ALL TIMES WHERE REQUIRED UNDER THE RELEVANT EFA AND FEI RULES AND REGULATIONS AND TAKE SOLE RESPONSIBILITY FOR MY ACTIONS.

I HAVE HAD SUFFICIENT OPPORTUNITY TO READ THIS ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS AND SIGN IT FREELY AND VOLUNTARILY.

DATED: ___/___/___ SIGNATURE OF RIDER_____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 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 MY MINOR CHILD'S INVOLVEMENT OR PARTICIPATION IN HORSE SPORT ACTIVITIES.

DATED: ___/___/___ SIGNATURE OF GUARDIAN_____

Central coast Sporting horse Association

2021 Membership Form

Surname: _____ Email: _____ Mobile Number _____
 Address _____ Emergency Contact _____
 Membership Fee Due: _____ Single (\$30) Family (\$55) Date: _____

Please list rider\s and nominated points horse, please note: only one-point horse per comp, rider must compete on the nominated point horse for a minimum of 6 competitions to qualify for end of year points.

Rider	Comp1 Horse	Comp2 horse	Group	Riders DOB (if under 18)	Membership Paid.

From time-to-time Photographers will be taking photos that will be posted on our website and on social media please Circle yes or no to ensure that you agree to these terms. YES or NO

Received and understood the General Rules. Yes

Non-Rider Members. _____

Signature: _____ Date _____

Parent: _____ Date _____

Please bring your family members along to help on the day. _____