

Roan Horse & Pony Society of Australia Inc.

ABN: 58393981030

MEMBERSHIP

1/7/24 - 30/6/25

Full n	ame(s) of Member(s)		
Addre	ess		
	Post Code		Post Code
Email			
Phone		Mobile	
	d, including transfers,	ignature of any of the members listed unless advised in writing to the contra appropriate Membership and enclose par	ary by the members.
 Full Membership (maximum of two people) Additional names on membership (more than two) 		\$40.00 by DD \$ 5.00 each by DD	
	irect deposit please I form to woranora	reference payment with your su @outlook.com	urname and
Acc r	name Roan Horse &	Pony Society of Australia Inc	
BSB (062-622 Account	number 10599007 (note new ba	nk details)
		YABLE TO Roan Horse & Pony Society of A Freemans Reach NSW 2756 - IF PAYING BY	
I/We dabide b	o hereby apply and make app	Horse & Pony Society of Australia Inc and are oblication to the Roan Horse & Pony Society of A f the Society and will not bring the Society into without giving reason.	ustralia Inc and if so accepted, shall
Signat	ture:	Dat	e:
Name	(s) of registered roans: _		

Membership includes a Public Liability component for the Association.

PLEASE ENSURE THAT YOU COMPLETE THE WAIVER FORM

Your membership will not be considered financial until the waiver has been signed

$^{\ast\,\ast}$ All person/s listed on this membership form must also complete and return a (year) LIABILITY DECLARATION FORM.

PLEASE TICK SHOULD YOU WISH YOUR DETAILS TO REMAIN CONFIDENTIAL

ROAN HORSE & PONY SOCIETY OF AUSTRALIA INC. INDEMNITY & WAIVER - ADULT

This waiver is to be completed by each member (for example, a Family membership of three (3) people must complete three (3) waiver forms). Waiver forms must accompany Membership applications.	le
I,(print nan	ne),
of(print addre	ss)
HORSE SPORTS ARE A DANGEROUS ACTIVITY	
I understand and acknowledge that horse sports are a dangerous activity and that horses can act in a sudden an unpredictable (changeable) way, especially if frightened or hurt.	.d
I understand and acknowledge that serious <i>injury or death</i> may result from horse sport activities.	
I agreed that I participate at my own risk.	
I agree not to drink alcohol or take drugs prohibited by law before or during competition.	
EFFECT OF THIS DOCUMENT	
I understand that my signature to this document constitutes a complete and unconditional release of all liability	v.
 Agree to compete at any Roan Horse & Pony Society of Australia Inc. Show or Event at my own risk. Agree not to make any claim against the Roan Horse & Pony Society of Australia Inc. for an injury or los sustained at any show or event Agree to compete/exhibit at my own risk and to indemnify and keep indemnified the Australian Roan Hor & Pony Society of Australia Inc. together with any other organisation or person involved in the conduct of any Show or Event against any claims, suits, actions or demands which may be brought in respect of any injury or other loss sustained by me in the course of competing/exhibiting at the Show or Event and agree exonerate the Committee of Management of the Roan Horse & Pony Society of Australia Inc. together with any organisation or person involved in the conduct of any Show for all responsibility and from all loss or injury to me whether due to alleged negligence or otherwise. 	s rse f to
Signature: Date:	
INDEMNITY & WAIVER -UNDER 18 YEARS	
This form is to be signed by the parent/guardian of all members under the age of 18 years	
I,(print nan	1e),
of(print addre	ss)
am the Parent/Guardian of (print name/s)	
And agree that he/she have my permission to compete/exhibit at any Roan Horse & Pony Society of Australia Inc Show or Event subject to the following terms and conditions: - Agree to compete at any Roan Horse & Pony Society of Australia Inc. Show or Event at my own risk. Agree not to make any claim against the Roan Horse & Pony Society of Australia Inc. for an injury or los sustained at any show or event Agree to compete/exhibit at my own risk and to indemnify and keep indemnified the Roan Horse & Pony Society of Australia Inc. together with any other organisation or person involved in the conduct of any Sh or Event against any claims, suits, actions or demands which may be brought in respect of any injury or or loss sustained by me in the course of competing/exhibiting at the Show or Event and agree to exonerate the Committee of Management of the Roan Horse & Pony Society of Australia Inc. together with any organisation or person involved in the conduct of any Show for all responsibility and from all loss or injure to me whether due to alleged negligence or otherwise.	ow ther ie
Signature: Date:	