



## MEMBERSHIP

1/7/24 – 30/6/25

Full name(s) of Member(s) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Email \_\_\_\_\_

Phone (      ) \_\_\_\_\_ Mobile \_\_\_\_\_

If Member is also a member of the Arabian Horse Society of Australia Ltd please advise membership number \_\_\_\_\_

**The Society will accept the signature of any of the members listed above on any documentation lodged, including transfers, unless advised in writing to the contrary by the members.**

Tick appropriate Membership and enclose payment for:

- Full Membership (maximum of two people for insurance) \$40.00 by DD
- Additional names on membership (more than two) \$ 5.00 each by DD

**To direct deposit please reference payment with your surname and email form to [woranora@outlook.com](mailto:woranora@outlook.com)**

**Acc name Roan Horse & Pony Society of Australia Inc**

**BSB 062-622 Account number 10599007 (note new bank details)**

**PLEASE MAKE CHEQUES PAYABLE TO Roan Horse & Pony Society of Australia Inc &**

**POSTED TO P.O. Box 3087, Freemans Reach NSW 2756 - IF PAYING BY CHEQUE PLEASE ADD \$5 EXTRA**

**All cheques payable to the Roan Horse & Pony Society of Australia Inc and are accepted upon clearance.**

I/We do hereby apply and make application to the Roan Horse & Pony Society of Australia Inc and if so accepted, shall abide by the Rules & Regulations of the Society and will not bring the Society into disrepute. The Committee has the right to accept or reject any application without giving reason.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**

**\*\* 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.**

I, .....(print name),  
of .....(print address)

**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 and unpredictable (changeable) way, especially if frightened or hurt.

I understand and acknowledge that serious **injury or death** 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.

- 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 loss sustained at any show or event
- Agree to compete/exhibit at my own risk and to indemnify and keep indemnified the Australian Roan Horse & 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 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 injury to me whether due to alleged negligence or otherwise.

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 name),  
of .....(print address)

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 loss 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 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 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 injury to me whether due to alleged negligence or otherwise.

Signature: ..... Date: .....