

CQQHA

Central Queensland Quarter Horse Association Inc.

MEMBERSHIP APPLICATION / RENEWAL FORM

Applicants Name : 1. _____
 2. _____
 3. _____
 4. _____

Address: _____

Telephone: _____

Email: _____

Date Of Birth: _____

Breed Association : (Please Circle) AQHA AAA PHAA HSAA

Breed Member No. _____

Do you hold a current First Aid Certificate? YES NO

I hereby agree to abide by the rules and conditions of our governing body the AQHA

Signed: _____

Date: _____

Parent Or Guardian if under 18: _____

Date: _____

Family membership (2 Adults, any no. Of children under 18 years)	\$50	
Single riding membership	\$30	
Youth membership (must have guardian member or social member)	\$10	
Social membership	\$10	
	TOTAL	\$

Please Make Cheques Payable To.. CQQHA P.O. Box 8334 Allenstown Q. 4700

Receipt Number: _____

EFT payments to *Rock Building Society* Account Name: CQQHA, BSB: 655000 A/C No. 100181333
 (please use your surname as the reference)

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MEMBER ACKNOWLEDGEMENT 2016/2017

HORSE RIDING AND PARTICIPATION IN HORSE RELATED ACTIVITY IS DANGEROUS

In consideration for being permitted to participate in any way in horse riding activities I the undersigned, understand, acknowledge and accept that: Horse riding and participation in horse related activities is/are dangerous recreational activities and horses and cattle 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 participating in horse related competition or activities. 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 related activities.

I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs before and during the activity 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 activity.

I agree to abide by the Rules & Regulations of the Australian Quarter Horse Association and Central Queensland Quarter Horse Association, its Affiliated clubs and/or management/organizer of the activities and that I will follow all directions of the management/organizer of the activities. My failure or refusal to do so can result in **my immediate disqualification** from the activities and the forfeiting of all fees paid in relation to the activities. I understand that any such non compliance may result in injury, death and/or permanent disability.

I agree to wear a helmet of the currently approved Australian standard in all activities where the Rules & Regulations governing the activity require the wearing of a helmet, I am solely responsible for ensuring that I wear a suitable helmet correctly when required and take sole responsibility for my actions.

Horse Experience - Not limited to riding: (circle where appropriate)

Very experienced participant/competitor | Novice participant/competitor | Never participated/competed

I understand that the Australian Quarter Horse Association and Central Queensland Quarter Horse Association, its Affiliated clubs and/or the Management/organizer takes due care to ensure that the venues chosen are safe and suitable, any equipment provided for the purpose of such activities is maintained in good condition and the Association's/management/organizer's staff are appropriately trained.

I further confirm I am in good health and do not suffer from any disability which will affect my ability to participate. I have had sufficient opportunity to read this document, fully understand its terms and sign it freely and voluntarily without inducement of any kind.

Name (Please Print)

Dated

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