



2009 Membership Application / Renewal

RENEWABLE EACH JANUARY - MEMBERSHIP RUNS FROM 1 JANUARY TO 31 DECEMBER

It is a condition of entry to the REA grounds that riders are financial members of the Redlynch Equestrian Association Inc. The Constitution of the Association states that membership will be terminated if membership fees are in arrears for a period of two months or more.

Name.....Occupation.....
 Address.....Postcode.....
 Phone: (H).....(W).....(Mobile).....Fax:.....
 E-mail address (please write clearly):.....@.....

To have your working bee levy refunded you must contribute a minimum of 4 hours at working bees, events, training days etc and have this signed off by a member of the committee.

Non-riding Social Membership** (no working bee levy required to be paid)	\$ 15.00	\$ _____
Single Membership	\$ 75.00	\$ _____
Family Membership	\$ 150.00	\$ _____
Toilet Facility Key	\$ 5.00	\$ _____
Working Bee Levy (Compulsory)	\$ 50.00	\$ 50.00

TOTAL FEES PAYABLE \$

Please list all family members' details (including riders and non-riders)

Name	Age	Riding Level <small>please insert 1, 2 or 3</small>	Description of Riding Level
			1 = Infrequent rider = from a person who has never ridden a horse, up to a person who can mount a horse, dismount a horse and stop a horse. May be confident at riding the horse at a walk.
			2 = Medium Rider = competent at riding the horse both at a walk and a trot.
			3 = Competent Rider = confident and competent at riding at a walk, trot and canter.

PLEASE POST COMPLETED FORM AND PAYMENT TO:
 The Secretary
 Redlynch Equestrian Association
 PO Box 194
 Redlynch Qld 4870



DETAILS OF ANY MEDICAL CONDITIONS:

.....
.....
.....
.....

EMERGENCY CONTACT PERSON:

EMERGENCY PHONE NUMBER:

Privacy Statement (Privacy Act 1998)

Personal information supplied through the completion of this form, is needed to ensure your safety during your time at the REP. The REA is required to collect this information by our insurance company and The Equestrian Federation of Australia. The information provided will not be supplied to any other organisation or used for any other purpose than that for which it is required.

Please tick the horse activities that you are interested in to help us tailor events to members' interests.

- Cross Country Dressage Fun/Rally Days Showing/Hacking/Breeds Showjumping
 Social Horsemanship Endurance Other

To receive your \$50.00 working bee refund an approximate 4 hours per year to assist at working bees, events, training days, etc is required.

I CAN OFFER THE FOLLOWING **NON-EQUESTRIAN** SKILLS

- Writing Telephoning helpers Photography First Aid (human and/or horse)
 Handyman/woman Computing Shopping Other (specify).....

I CAN OFFER THE FOLLOWING **EQUESTRIAN** SKILLS

- Dressage Judge Showjumping Judge Hacking Judge Instructor Course designer
 Other (specify)

I, the person applying for membership have read and understand the REA Code of Conduct and the terms and conditions attached to this membership and agree to abide by them.

I acknowledge that the REA relies on the information provided by me and I state that all the information is accurate and complete.

SIGNED _____ **(MEMBER)** _____ **(DATE)**
(Member)

I, a representative of the REA Committee acknowledge the terms and conditions attached to this Membership.

SIGNED _____ **(for the REA)** _____ **(DATE)**
(REA Committee Member)



Disclaimer

I, _____ hereby acknowledge that I use the REP at my own risk and that I am aware that activities involving horses can be hazardous and that the servants, agents, representatives or volunteers accept no responsibility or liability for any injury or loss that I or my horse might sustain as a direct or indirect consequence of using the REP whether such injury is a consequence of any act or omission by the servants, agents, representatives or volunteers, except in regard to any rights they may have arising under the Trade Practices Act 1974.

I agree that I will obey and will comply with all rules and/or directions made or given by the REA in connection with the use of the REP. In particular I acknowledge that I must wear an approved helmet at all times whilst riding and appropriate footwear when handling and/or riding my horse.

I agree to indemnify the REA against all claims made by any other person against the REA in respect of any injury, loss or damage suffered by myself, my horse or by any person or their horse arising from or in connection with the my riding activities, whether such injury, loss or damage was caused directly or indirectly by any action of the REA.

I hereby release the REA from all such claims, and indemnify the REA against all claims made by or on behalf of any other person.

I acknowledge that I must report all accidents, injuries, loss or damage to the REA when I become aware of them.

If I suffer any injury or illness whilst at the REP, I agree that the REA may provide evacuation, first aid and medical treatment at my expense, and my acceptance of these terms and conditions constitutes my consent to such evacuation, first aid/or medical treatment.

In the case of children under the age of 18 years this notice provides an indemnity, the terms of which are.

I, _____ being the parent/guardian of the rider/non-rider, hereby agree that by signing this notice I will keep REA fully indemnified against any and all claims of what so ever kind or nature that my child might make against REA, as a consequence of any injury or loss sustained through any of the equestrian/agistment activities or in respect of any claims that may be made against REA as a result of an act or omission of the rider/non-rider generally acknowledge and accept all terms and conditions of the disclaimer set out above.

I also acknowledge that being the parent/guardian of the rider/non-rider under 18 years of age I am responsible for providing supervision at all times.

Signature: _____

Date: _____