



APPLICATION FOR MEMBERSHIP 2022

Full Name: _____

Name of Parent/Guardian
If rider under 18: _____

Address: _____

Date of Birth: _____

Age: _____

Phone contact: _____

Email address: _____

Known medical:
Conditions _____

Emergency contact: _____

Emergency contact Ph: _____

Are you a current Reining Australia Member?

Yes (Please complete details below)

No (Please speak to a Committee Member first)

RA Membership Type: _____

RA Membership No: _____

I hereby apply to become a member of the West Coast Reiners Association Inc.

FULL MEMBERSHIP \$80

YOUTH MEMBERSHIP \$50

FAMILY MEMBERSHIP \$180
(2 Adults, 2 Children, separate form per person)

DAY MEMBERSHIP \$25

SOCIAL MEMBERSHIP \$25

Membership of the WCRA is by application subject to assessment and acceptance by the committee. The WCRA reserves the right to refuse membership in accordance with section 6.1 of its constitution.

Remittance: EFT, Cheque or Cash

West Coast Reiners

BSB: 633-000

Acc: 163 669 591

Signature _____

Date _____



DISCLAIMER AND WAIVER OF LIABILITY

In consideration for being permitted to participate in any way in horse riding activities I, the undersigned, understand, acknowledge and accept that:

As a condition of participating that neither the club/coach, participants, West Coast Reiners Association Inc., or any subdivision thereof, officials, volunteers, medical personnel, any persons, promoters, sponsors, advertises, owners and lessees of premises used to conduct the event(s), shall be under any liability for my death or any bodily injury, loss or damage which may be sustained or incurred by me, as a result of the participation in or being present at the event, except in regard to any rights I may have arising under the Trade Practices Act 1974 (Cth) (or similar State Legislation).

I acknowledge that equestrian activities are dangerous and that accidents causing death, bodily injury, disability and property damage, can and do happen.

I agree to abide by the Rules and Regulations of the West Coast Reiners Association Inc. its affiliated clubs and/or the management/organizer of the activities and I will follow all direction of the management/organiser 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.

Although it is recommended, I am solely responsible for wearing a suitable helmet and I acknowledge I ride at my own risk.

I understand that the West Coast Reiners Horse Association Inc., its affiliated clubs and/or 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/organiser's staff are appropriately trained.

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

BY SIGNING HEREUNDER I CONFIRM HAVING READ AND UNDERSTOOD THE CONTENTS OF THIS DISCLAIMER.

Print Name Here

Dated

Rider or Parent/Guardian (if signing on behalf of youth)



WEST COAST REINERS

HORSE & RIDER DETAILS

Rider's level of experience (please circle)

Green Just getting back into it Medium Advanced

Horses level of experience (please circle)

Green Beginner Medium Advanced

Horses Name _____

Owners Name _____

Horses age 2 3 4 5 6 7 8 9 10 11 12 13 14 >15

Please explain you competition experience (if any)

Do you give WCRA permission to use photos taken of you at club events/shows to be used in articles and website pages? YES/NO (please circle one)

Contact for horse transport in event of rider injury: _____

If the above is unavailable I give permission for the WCRA committee to authorize transport of my horse in accordance to their instructions.

Veterinary Service contact in event of horse injury: _____

If the above veterinary service in unavailable I give permission for the WCRA committee to authorize the attendance of alternative service in accordance with their instructions.

Signature _____ Date: _____

If you have any specific instruction which need to be given to either transport or veterinary service please list these below
