

ACT & SOUTHERN NSW QUARTER HORSE ASSOCIATION INC.

P.O. BOX 340 DICKSON ACT 2602

ABN 664 662 765 03

www.actquarterhorseclub.org.au

MEMBER ACKNOWLEDGEMENT 2009 – 2010

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/We, 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 /We voluntarily **PARTICIPATE** at my/our **OWN RISK** and assume sole responsibility for any injury, death or property damage I/We may suffer that arises from my/our participation in horse related activities. I /We understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs before and during the activity and I/We take full responsibility for any injury, loss or damage associated with their consumption. I/We agree not to drink alcohol or take drugs prohibited by law before or during any horse activity. I /We agree to abide by the Rules & Regulations of the Australian Quarter Horse Association, its Affiliated clubs and/or the management/organiser of the activities and that I/We will follow all directions of the management/ organiser of the activities. My/Our failure or refusal to do so can result in my/our immediate disqualification from the activities and the forfeiting of all fees paid in relation to the activities. I/We understand that any such non compliance may result in injury, death and/or permanent disability. I /We agree to wear a helmet of the currently approved standard in all activities where the Rules & Regulations governing the activity require the wearing of a helmet, I/We am/are solely responsible for ensuring that I/We wear a suitable helmet when required and take sole responsibility for my/our actions.

I /We understand that the Australian Quarter Horse Association, its Affiliated clubs and/or the Management /organiser 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 /We further confirm I/We am/are in good health and do not suffer from any disability which will affect my/our ability to participate. I /We have had sufficient opportunity to read this document, fully understand its terms and sign it freely and voluntarily without inducement of any kind.

Name of Participant/Member	Signature	Date	Experience (please tick relevant box)
1.			<input type="checkbox"/> Very experienced competitor <input type="checkbox"/> Novice participant/competitor <input type="checkbox"/> Beginner participant/competitor
2.			<input type="checkbox"/> Very experienced competitor <input type="checkbox"/> Novice participant/competitor <input type="checkbox"/> Beginner participant/competitor
3.			<input type="checkbox"/> Very experienced competitor <input type="checkbox"/> Novice participant/competitor <input type="checkbox"/> Beginner participant/competitor
4.			<input type="checkbox"/> Very experienced competitor <input type="checkbox"/> Novice participant/competitor <input type="checkbox"/> Beginner participant/competitor
5.			<input type="checkbox"/> Very experienced competitor <input type="checkbox"/> Novice participant/competitor <input type="checkbox"/> Beginner participant/competitor

Parent/guardian to sign for youth members under the age of 18 years of age