

# ADELAIDE HILLS DRESSAGE CLUB INC.

## Membership Application and Renewal 1 July 2018 - 30 June 2019

This form becomes a tax invoice/receipt upon payment. Please retain a copy for your records.

You will receive confirmation of your membership number via your nominated email address

Name: Mr/Mrs/Ms/Miss: .....

Address: .....

Postcode: ..... Equestrian SA Membership No: .....

Phone: (H) ..... (W / M) ..... PIC Code: .....

Date of Birth: ..... (Young Riders & Juniors only) E-mail: .....

AHDC is now including a compulsory (and potentially refundable) annual Helper Levy of \$30, payable with your membership. *The \$30 will be refunded at the completion of a whole helper day.* If you are unable to assist on your nominated day you may nominate another day. Members who wish to ride and not assist us for the year are requested to contact the Secretary and advise of such, in which case your \$30 will not be refunded and will be set aside in our Sand Arena Fund. This policy is designed to encourage members to assist us in a similar manner to several other SA dressage clubs.

Description	Amount	To be paid
Moving Forward newsletter (available from our website from late July)	FREE	
Senior Member	\$50.00	\$
Youth Member (under 21 years of age)	\$30.00	\$
Associate Member (18 years and over, Non rider)	\$25.00	\$
Family Membership	\$80.00	\$
<b>PLUS COMPULSORY HELPER LEVY (refunded on your helper day)</b>	<b>\$30.00</b>	<b>\$30</b>
<b>TOTAL</b>		<b>\$</b>

## Please also complete the Member Waiver form (on reverse)

Post to: Secretary, PO Box 1406, Nairne SA 5252

(Cheques to be made payable to: ADELAIDE HILLS DRESSAGE CLUB INC.)

### Bank details for internet transfer of membership fees:

**Account Name:** Adelaide Hills Dressage Club

**Bank:** Commonwealth Bank **BSB:** 065 522 **Account Number:** 1003 8870

You MUST reference the payment to your surname to enable us to find your payment.

Please nominate below your preferred date/s and area of assistance.

\*\*\*Please indicate with a tick which days you can assist us (you may nominate more than one in case there are too many nominations on a day and we cannot accommodate every request

July 2018		Aug 2018		Sep 2018		Oct 2018		Nov 2018		Dec 2018	
Jan 2019		Feb 2019		Mar 2019		Apr 2019		May 2019		June 2019	

\*\*\*Please indicate with a tick which area you can assist us

Setting up Arenas		Judging		Computing		Pencilling		Canteen	
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# Release and Waiver of Liability



Full Name of participant (and of guardian if under 18 years) .....

Address.....

State .....Post Code.....Date of birth.....

Name of Club/Organisation.....ADELAIDE HILLS DRESSAGE CLUB.....

Membership No. ....

Address of Event / Activity .....CALLINGTON ROAD, STRATHALBYN SA 5255.....

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

- Horse sports are a dangerous activity and horses 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 horse sport activities.

I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs and agree not to drink alcohol or take drugs prohibited by law before or during any horse sports activities.

I agree to follow the directions of any event organiser or official and that any misconduct or refusal by me to follow any direction of any organiser or official can result in the CANCELLATION of my participation in the activities and my immediate removal from my horse NO MATTER where that may occur.

I agree to wear an approved helmet at all times whilst participating in the sport where this is required under the relevant EA and FEI rules and regulations.

I have had sufficient opportunity to read this Dangerous Activity Acknowledgement and fully understand its terms and submit it freely and voluntarily. I have read and agree to the "Waiver of Liability" above.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## FOR PARTICIPANTS OF MINORITY AGE (Under 18 Years)

This is to certify that I, as a parent/guardian with legal responsibility for this participant acknowledge, understand and accept the Waiver of Liability above and consent and agree to my minor child's involvement or participation in Horse sport activities. I also agree to abide by the Parents Code of Conduct as it relates to Equestrian Sports. I understand that should I breach this Code of Conduct in any way, I may be penalised for such a breach as determined by Equestrian Australia.

Name of Parent/Guardian \_\_\_\_\_

Signature of Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_