



APPLICATION FOR MEMBERSHIP 2020

Email: WARHAccommittee@outlook.com

Full Name _____

WARHA # _____

NRHA # _____

Name of Parent/Guardian if rider under 18 _____

Address _____

Date of birth _____

Email _____ **Phone** _____

Occupation _____

Known Medical Conditions _____

Next of Kin _____ **Phone** _____

I hereby apply to become a member of the Western Australian Reining Horse Association Inc.

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|--|---------|--------------------------|-----------------------|------|--------------------------|
| Full Membership | \$70.00 | <input type="checkbox"/> | Day Membership | \$10 | <input type="checkbox"/> |
| Youth Membership (No Voting rights) | \$35.00 | <input type="checkbox"/> | | | |
| Social Membership (No Voting rights) | \$25.00 | <input type="checkbox"/> | | | |

Membership of the WARHA is by application subject to assessment and acceptance by the committee. The WARHA reserves the right to refuse membership in accordance with section 6.2 of its constitution.

Account Name: Western Australian Reining Horse Association BSB 036-122 Account 566314
Remittance: Please make cheques/money order payable to WA Reining Horse Association Inc. For EFT payments please use surname as reference.

Signature **Date**



HORSE & RIDER DETAILS

Riders Level of Reining Experience (please circle)

New to Reining

Medium

Advanced

Horses Level of Experience (please circle)

Green

Medium

Advanced

Horses Name _____

**Horses Owner Name (if
Lease in place)** _____

Horses NRHA Licence # _____ (if applicable)

Please attach a copy of your NRHA Licence with membership application

To be apart of the High Point Buckle Series please attached a copy of your Horses Competition Licence if competing in NRHA sanctioned classes.

Do you give WARHA 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 contact is unavailable I give permission for the WARHA Committee to authorise transport of my Horse in accordance with their instructions.

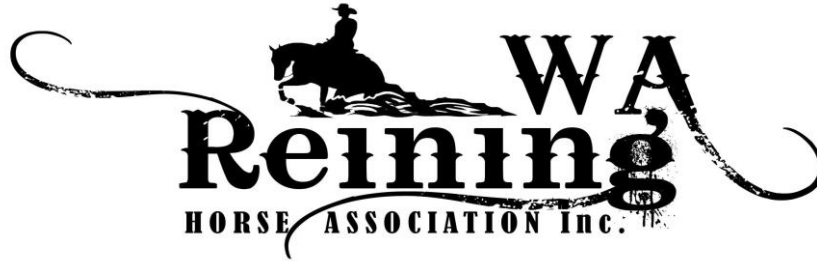
Veterinary Service Contact in event of Horse Injury: _____

If the above veterinary service is unavailable I give permission for the WARHA Committee to authorise the attendance of alternative veterinary service in accordance with their instructions

Signed:

Date:

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



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, Western Australian Reining Horse Association Inc. or any subdivision thereof, officials, volunteers, medical personnel, any persons, promoters, sponsors, advertisers, 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 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 WAHRA inc and abide by all rules and regulations as set out in the NRHA Handbook.

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 or not wearing a suitable helmet and I acknowledge I ride at my own risk.

I understand that the Western Australian Reining Horse Association Inc. its affiliated clubs and/or 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 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.

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

Print Name Here

Dated

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

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