



APPLICATION FOR MEMBERSHIP

I,(full name of applicant)

Names of additional family members (if applicable):

.....(full name of family member 2)

.....(full name of family member 3)

.....(full name of family member 4)

.....(full name of family member 5)

.....(full name of family member 6)

NB: if applying for membership as a family, each individual family member must sign the attached Waiver of Liability Form.

of.....(address)

..... (telephone): (email address)

hereby apply to become a member of the Australian Hunter Horse Association Incorporated.

In the event of my/ our admission as a member, I/ we agree to be bound by the Rules, Regulations, Bi-laws and Protocol of the AHHA.

.....(Signature of applicant)

..... (Date)

Signatures of additional family members (if applicable):

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

If any of the applicants are under the age of 18 years this form must be signed by their Parent/ Guardian below:

.....(full name of Parent/ Guardian)

of(address)

.....(Signature of Parent/ Guardian)..... (Date)

MEMBERSHIP FEES

Single:

- **\$55 per annum** (1 July - 30 June)
- **\$35 - 6 monthly membership** (if membership is paid after 1 January in any calendar year until 30 June of that same calendar year)
- **\$25 day membership** (paid by a member wishing to compete at any AHHA organised or affiliated competition day).

PLUS:

- **\$11 joining fee for new members**

Family:

- **\$110 per annum** (1 July - 30 June) (up to a maximum of 6 family members)
- **\$70 - 6 monthly membership** (if membership is paid after 1 January in any calendar year until 30 June of that same calendar year)

PLUS:

- **\$11 joining fee for new families**

Post:

Post your completed application to: Rebecca Healey, AHHA Memberships Officer
PO Box 796, Dickson ACT 2602

Enquiries: 0402 085 722 or j.healey@ozemail.com.au

Payment:

Please make all cheques out to: Australian Hunter Horse Association Inc.

Or make a direct deposit payment to: BSB: 012321 Acc No: 450647688

Please use your surname as a reference for all electronic payments.



RELEASE AND WAIVER OF LIABILITY

I understand and acknowledge that **HORSE RIDING IS A DANGEROUS ACTIVITY** and that horses can act in sudden and unpredictable ways, especially if frightened or hurt.

I understand and acknowledge that **PROPERTY LOSS, SERIOUS INJURY OR DEATH** may result from horse related activities, including riding and passive participation in horse events. I understand that this applies in particular to any horse riding activities that I participate in which are organised by or associated with the Australian Hunter Horse Association Incorporated.

I agree not to drink alcohol or take drugs prohibited by law while taking part in any horse riding activities. I agree to follow instructions of the ride leader/ instructor, event organisers, volunteers and any other persons appointed by the Australian Hunter Horse Association and that my misconduct to follow any directions from these persons will result in termination of my involvement in the activity and removal from my horse **NO MATTER** where that may occur.

I agree always to wear an ASA approved safety helmet, when riding and appropriate footwear at all times that I am in contact with horses. I further agree to ensure that my riding equipment is free from defect.

Please choose from the following:

- () I am in good health and have no disabilities
- () I have the following disabilities:

I understand that by signing this document I have made a complete and unconditional release of all liability of the Australian Hunter Horse Association Incorporated to the greatest extent allowed by law in the event of myself and/ or any minors or animals under my care suffering any loss, injury or death. I agree that I undertake any such risk voluntarily of my own free will and at my own risk.

Signature: _____
Name: _____

Signatures of additional family members (if applicable):

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

Parent/ Guardian Signature: _____
Name: _____

Address: _____
Postcode: _____