



# GOULBURN VALLEY REINING HORSE ASSOCIATION

## APPLICATION FOR MEMBERSHIP 2010

**PLEASE NOTE MEMBERSHIP RUNS FROM 1<sup>ST</sup> JANUARY 2010 TO 31<sup>ST</sup> DECEMBER 2010**

PLEASE TICK APPROPRIATE BOXES

<input type="checkbox"/> PER RIDER \$50.00	<input type="checkbox"/> PER NON RIDER \$25.00	<input type="checkbox"/> YOUTH \$35.00
<input type="checkbox"/> LIFE MEMBERSHIP \$550.00	<input type="checkbox"/> DAY MEMBERSHIP \$10.00	<input type="checkbox"/> NEW MEMBER

MEMBERSHIP #.....

ALL MEMBERSHIPS INCLUDE NEWSLETTER: (Please tick appropriate box)

<input type="checkbox"/> NEWSLETTER SENT VIA <u>EMAIL</u>	<input type="checkbox"/> NEWSLETTER SENT VIA <u>MAIL</u>
---	--

NAME/S .....

ADDRESS .....P/CODE .....

HOME PHONE .....BUS/MOBILE .....FAX.....

EMAIL ADDRESS .....OCCUPATION.....

CONTACT IN CASE OF EMERGENCY.....HOMEPHONE.....MOBILE.....

### LIABILITY WAIVER

THE PURPOSE OF THIS AGREEMENT IS TO LIMIT THE LIABILITY OF THE PROVIDER TO EXCLUDE LIABILITY FOR ANY PERSONAL INJURY OR DEATH TO THE PARTICIPANT AND OTHER PEOPLE IN THE CARE AND CONTROL OF THE PARTICIPANT HOWSOEVER CAUSED WHO SIGNED THIS FORM AS ACKNOWLEDGEMENT OF THE TERMS AND CONDITIONS OF THIS AGREEMENT. BY SIGNING THIS FORM YOU ARE WAIVING YOUR RIGHTS TO SUE THE PROVIDER FOR LOSSES RELATING TO PERSONAL INJURY OR DEATH. UNDER THE PROVISIONS OF THE TRADE PRACTICES ACT AND VARIOUS STATE LAWS CONDITIONS ARE IMPLIED INTO CONTRACTS THAT MEAN THAT THE PROVIDER OF RECREATIONAL SERVICES, NOTED BELOW, IS REQUIRED TO ENSURE THAT THE RECREATIONAL SERVICES IT SELLS TO YOU ARE RENDERED WITH DUE CARE AND SKILL, ARE FIT FOR THE PURPOSE FOR WHICH THEY ARE COMMONLY BOUGHT AS IT IS REASONABLE TO EXPECT IN THE CIRCUMSTANCES OR MIGHT REASONABLY BE EXPECTED TO ACHIEVE THE RESULT YOU HAVE MADE KNOWN TO THE PROVIDER. PROVIDER NAME & ADDRESS: **GOULBURN VALLEY REINING HORSE ASSOCIATION, 202 FERGUSON RD, TATURA. VIC.3616**

THE PARTICIPANT ACKNOWLEDGES THAT DURING ALL TIMES WHILE HE OR SHE IS ATTENDING THE RECREATIONAL ACTIVITY HE OR SHE DOES SO AT HIS OR HER OWN RISK AND THAT THE PARTICIPANT AND OTHER PEOPLE IN THE CARE AND CONTROL OF THE PARTICIPANT WILL NOT HOLD THE PROVIDER OR ANY OF ITS EMPLOYEES OR AGENTS LIABLE FOR ANY PERSONAL INJURY OR BREACH OF CONTRACT WHETHER CAUSED BY THE NEGLIGENCE OF THE PROVIDER, ITS EMPLOYEES OR AGENTS HOWSOEVER CAUSED OTHERWISE. THE PARTICIPANT ACKNOWLEDGES THAT IN THE EVENT THAT HE OR SHE OR ANY OF THE OTHER PEOPLE IN THEIR CARE AND CONTROL FIND EITHER OR ANY OF THEM IS IN DIFFICULTY THAT THEY ARE TO STOP THE ACTIVITY OR REQUEST THAT THE ACTIVITY BE STOPPED IF APPROPRIATE, AND SEEK HELP AND/OR ASSISTANCE AND ADVICE..

### **DECLARATION AND SIGNATURE**

BY SIGNING THIS AGREEMENT I UNDERSTAND THAT THE RECREATIONAL SERVICES ABOUT TO BE SOLD TO ME MAY CAUSE MY AND OR MY DEPENDANTS PERSONAL INJURY OR DEATH. BY SIGNING THIS AGREEMENT I UNDERSTAND THAT I AND MY DEPENDANTS WAIVE OUR RIGHTS TO SUE THE PROVIDER FOR LOSSES RELATING TO MY AND MY DEPENDANTS PERSONAL INJURY OR DEATH THAT RESULT FROM ANY NEGLIGENCE CAUSED BY THE PROVIDER.

**I/WE HEREBY AGREE TO ABIDE BY THE RULES OF THE GOULBURN VALLEY REINING HORSE ASSOCIATION:**

**SIGNED** .....**DATED** .....

APPLICATION FORM TO BE SIGNED AND RETURNED WITH PAYMENT TO:

G.V.R.H.A. 328 Reith Rd. Wangaratta. Vic. 3678