



Sugarloaf Cobbitty Equestrian Club Inc
2009

membership application

Mail to to : Carolyn Wiseman
160 Arina Road PHEASANTS NEST 2574
with payment to Sugarloaf Cobbitty Equestrian Club Inc. (not SCEC) in the form of a cheque or postal order

Enquiries: 0409 031 628
(from 7pm and no later than 9pm)

I hereby apply for membership (please tick [x] appropriate box) of the Sugarloaf Cobbitty Equestrian Club Inc. If my application is accepted I agree to be bound by the rules and regulations of the Club, and abide by such rules and regulations including those on Sugarloaf Cobbitty web site www.scec-dressage.com.

Financial Year : 01 January 2009 to 31 December 2009

- Family Membership ... \$ 55.00 []
Senior Membership (over 18 years of age) ... \$ 35.00 []
Junior Membership (under 18 years of age) ... \$ 25.00 []
Associate Membership (non-rider) ... \$ 20.00 []

(please print full name)

(applicant's address & postcode)

(HOME telephone)

(MOBILE TELEPHONE)

(WORK telephone)

You may elect to have all correspondence forwarded by email including, entry forms, draw and newsletter - Please supply your email details

EMAIL ADDRESS _____

(date of birth) (REQUIRED IF JUNIOR MEMBER)

Please find enclosed cheque / money order for the amount of \$ being my annual membership fee, payable to Sugarloaf Cobbitty Equestrian Club Inc.

VERY IMPORTANT - WITHOUT HELPERS YOUR CLUB WOULDN'T BE ABLE TO RUN !!
YES - I would be prepared to offer my assistance on show days [] please tick [x])

(Applicant Signature)
(Parent/Guardian Signature if under 18 years of age)

(date)

BENEFITS OF BEING A MEMBER INCLUDE :

- A COPY OF OUR NEWSLETTER AFTER EACH SHOW
DISCOUNT PER TEST (EXCLUDING ASSOCIATE MEMBERSHIP)
ELIGIBILITY FOR HORSE AND RESERVE HORSE OF THE YEAR @ PRELIMINARY / NOVICE / ELEMENTARY/MEDIUM/FEI LEVELS (EXCLUDING ASSOCIATE MEMBERSHIP)
INSURANCE COVER FOR SCEC COMPETITIONS (EXCLUDING ASSOCIATE MEMBERSHIP)



Sugarloaf Cobbitty Equestrian Club - Release and Waiver of Liability

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

Address.....

StatePost Code.....Date of birth.....

Membership No.

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

Horse sports are a dangerous recreational 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 knowingly and freely assume all such risks, both known and unknown, and **I voluntarily PARTICIPATE** at my **OWN RISK** and assume sole responsibility for any injury, death or property damage I may suffer that arises from my participation in horse sport activities.

I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs before and during the activities and I take full responsibility for any injury, loss or damage associated with their consumption. I 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 understand that any such non-compliance may result in injury, death and/or permanent disability as a result of my failure to comply.

I agree to wear a helmet at all times whilst participating in the sport where this is required under the relevant EFA and FEI rules and regulations, and agree that I am solely responsible for ensuring that whilst participating I wear a suitable helmet at all times where required under the relevant EFA and FEI rules and regulations, and take sole responsibility for my actions.

This waiver is to cover the period of 1/1/2009 to 31/12/2009 (inclusive).

I have had sufficient opportunity to read this assumption of risk agreement, fully understand its terms and sign it freely and voluntarily.

Dated: ___/___/___

Signature of rider _____

For Participants of Minority Age (Under Age 18)

This is to certify that I, as a parent/guardian with legal responsibility for this participant, acknowledge, understand and accept ALL OF THE ABOVE and consent and agree to my minor child's involvement or participation in horse sport activities.

Dated: ___/___/___

Signature of guardian _____