

GATTON QUARTER HORSE & PERFORMANCE Assoc.

MEMBERSHIP FORM 1ST AUGUST 2021- 31ST JULY 2022



| | |
|-------------|--|
| Family \$50 | |
| Single \$30 | |
| Youth \$20 | |

| | |
|-------------|--------------------------|
| NEW MEMBER: | <input type="checkbox"/> |
| RENEWAL: | <input type="checkbox"/> |

Family membership is 2 adults and any children eligible to compete as youth as defined by AQHA

Name: _____

Address: _____ Email: _____ Phone: _____

| Name: | Name: | Youth name: | Youth name: | Youth name: | |
|-----------------------------------|----------------------------------|-----------------------------------|----------------------------------|-----------------------------------|--|
| Breed membership: (please circle) | | Breed membership: (please circle) | | Breed membership: (please circle) | |
| AQHA PHAA AAA | AQHA PHAA AAA | AQHA PHAA AAA | AQHA PHAA AAA | AQHA PHAA AAA | |
| Membership no: | Membership no: | Membership no: | Membership no: | Membership no: | |
| Membership type: (please circle) | Membership type: (please circle) | Membership type: (please circle) | Membership type: (please circle) | Membership type: (please circle) | |
| Youth AO Open | Youth AO Open | Youth AO Open | Youth AO Open | Youth AO Open | |

In order for our club to succeed we need volunteers at each show. Please indicate below if you are able to help out

I am prepared to help at shows, as a steward, gate Marshall or other. YES ____ NO ____

**To be eligible for end of year high point awards you must compete at a minimum of 3 events during the show season.
POINTS SHEETS TO BE SUBMITTED AFTER EACH SHOW .**

GQHPA P.O BOX 619 GATTON QLD 4343, secretarygqhpa@hotmail.com cheques to be made out to GQHPA
or direct deposit to Heritage Bank BSB: 638070 Acct: 005600707

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MEMBER ACKNOWLEDGMENT FORM MUST ACCOMPANY MEMBERSHIP FORM IT IS COMPULSORY



MEMBER ACKNOWLEDGEMENT

HORSE RIDING AND PARTICIPATION IN HORSE RELATED ACTIVITY IS DANGEROUS

In consideration for being permitted to participate in any way in horse riding activities I/We the undersigned, understand, acknowledge and accept that: Horse riding and participation in horse related activities is/are dangerous recreational activities and horses and cattle 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 participating in horse related competition or activities.

I/We voluntarily PARTICIPATE at my/our OWN RISK and assume sole responsibility for any injury, death or property damage I/we may suffer that arises from my participation in horse related activities.

I/We understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs before and during the activity and I/We take full responsibility for any injury, loss or damage associated with their consumption. I/We agree not to drink alcohol or take drugs prohibited by law before or during any horse activity.

I/We agree to abide by the Rules and Regulations of The Australian Quarter Horse Association, its affiliated clubs and/or management/organiser of the activities. 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/We understand that any such noncompliance may result in injury, death and/or permanent disability.

I/We agree to wear a helmet of the currently approved Australian standard in all activities where the Rules and Regulations governing the activity require the wearing of a helmet.

I/We am solely responsible for ensuring that I/We wear a suitable helmet correctly when required and take sole responsibility for my actions.

I/We understand that the Australian Quarter Horse Association, its affiliated clubs and/or the Management/organiser takes the 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 Associations/management/organiser's staff are appropriately trained.

I/We further confirm I/We am/are in good health and do not suffer from any disability which will affect my ability to participate.

I/We have had sufficient opportunity to read this document, fully understand its term and sign it freely and voluntarily without any inducement of any kind.

HORSE EXPERIENCE: **VERY EXPERIENCED** **NOVICE** **NEVER COMPETED**

Signed: _____

Date: _____