



**Membership Form
Tax Invoice**

Warwick Horse Trials Club Inc.
P.O. Box 904
Warwick 4370
Phone: 0402 328 549
Email info@wht.org.au
ABN 57 789 027 216

EA membership # (if applicable): _____

Name:

Address:

Date of Birth (if under 18 years):

Phone Number:

Email

Fax

All Memberships now **\$16.50** per person (includes GST)

Total amount included with membership registration: \$ _____ Date _____

COURSE HIRE" \$11.00 PER DAY PER MEMBER/RIDER, \$55.00 PER DAY PER NON-MEMBER/RIDER

Waiver (Please read and sign)

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 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 understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs and 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 agree to wear an approved helmet at all times whilst participating in the sport where this is required under the relevant EA and FEI rules and regulations.

I have had sufficient opportunity to read this Dangerous Activity Acknowledgement and 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 _____
Name (please print)

ALL PRICES INCLUDE GST

PLEASE COMPLETE THE ABOVE, SIGN THE INDEMNITY AND RETURN WITH REMITTANCE TO:
Warwick Horse Trials Club Inc. P.O. Box 904, Warwick 4370