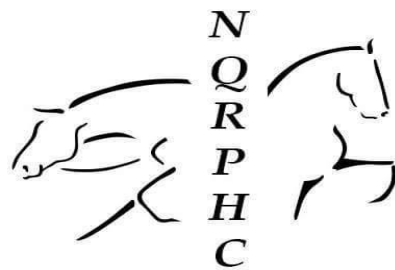


WEBSITE: www.nqrphc.com
EMAIL: nqrhc@outlook.com



*North Queensland Reining &
Performance Horse Club*

NORTH QUEENSLAND REINING AND PERFORMANCE HORSE CLUB **MEMBERSHIP FORM**

NAME: _____

POSTAL ADDRESS: _____

_____ POST CODE: _____

PHONE: _____ MOBILE: _____

EMAIL: _____

EMERGENCY CONTACT: _____

FEE COMPONENT:

- ☐ FAMILY \$150.00 – 2 ADULTS 2 CHILDREN (EVERY JUNIOR AFTER \$25.00ea)
- ☐ 1 Adult & 1 Junior- \$100.00
- ☐ SENIOR \$75.00 – PER PERSON 18YRS AND OVER
- ☐ JUNIOR \$50.00 – PER PERSON UNDER 18YRS (all juniors must be accompanied by an Adult, have permission by guardian and wear a helmet at all times whilst on the grounds)
- ☐ NON RIDERS ARE FREE TO JOIN. (Must abide by all rules set out by the club)
- ☐ DAY MEMBERSHIP \$15.00 PER PERSON PER DAY

Member declaration (under 18yrs)

I _____ being the Parent/Guardian, hereby give permission for the above applicant to become a member of the North Queensland Reining and performance horse Club (NQRPHC).

Signature Parent/Guardian _____ Date: _____

FAMILY MEMBERSHIP

(List the names of all members to be covered under this member ship)

Name: _____ D.O.B: _____ Contact: _____

Name: _____ D.O.B: _____ Contact: _____

Name: _____ D.O.B: _____ Contact: _____

Name: _____ D.O.B: _____ Contact: _____

Name: _____ D.O.B: _____ Contact: _____

I/we wish to apply for the membership of the North Queensland Reining and Performance Horse Club, and agree to abide by the rules, regulations, policies, procedures as stipulated. I acknowledge that Horse Riding and Participation in horse related activities is dangerous and that accidents causing Death, bodily injury, disability and property damage can and do happen. I acknowledge and agree that neither NQRPHC shall be under any liability for death, bodily injury, loss and damage which may be sustained or incurred by the applicant as a result of participation in or being present at the NQRPHC grounds/events. By signing below I/we give permission for any photos taken on club, training/ show days to be used by NQRPHC in the way of social media and all publicity for the club.

I acknowledge that I have read and understood the information provided in this membership form.

Signed: _____ Date: _____

By signing above I/we give permission for any photos taken on club, training/ show days to be used by NQRPHC in the way of social media and all publicity for the club.

Previous 2 membership/references details must be provided below

Name: _____ Contact: _____

Club name: _____ Period involved: _____

Name: _____ Contact: _____

Club name: _____ Period involved: _____

OFFICE USE ONLY:

- ☐ Payment received in full
- ☐ Completed forms
- ☐ Membership accepted

Signed: _____ Date: _____

NORTH QUEENSLAND REINING AND PERFORMANCE HORSE CLUB INC
BENDIGO BANK

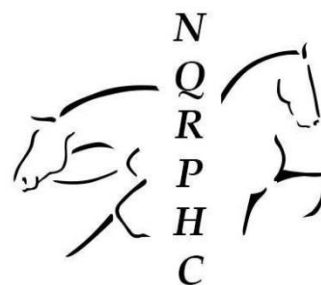
B.S.B- 633 000

ACCOUNT- 151 89 28 66

PLEASE MAKE CHEQUES OUT TO NORTH QUEENSLAND REINING AND PERFORMANCE HORSE CLUB INC

AND SEND TO

PO BOX 23 MINGELA 4816



*North Queensland Reining &
Performance Horse Club*

INDEMNITY, RELEASE & WAIVER OF LIABILITY

I understand and acknowledge that all aspects of handling, working with and in the vicinity of and riding horses is a dangerous activity and that horses can act in a sudden and unpredictable (changeable) way at any time.

I understand and acknowledge that serious injury or death may result from all activities involving horses.

I agree that I compete and/or attend any show conducted or authorized by the North Queensland Reining and Performance Horse Club Inc. at my own risk and to indemnify and keep indemnified the

organization or person involved in the conduct of any show against all claims, suits, actions or demands which may be brought in respect of any injury or other loss sustained by me in the course of competing/exhibiting at the show and agree to exonerate the committee of management of the show together with any other organization or person involved in the conduct of any HSAA show from all loss or injury to me whether due to alleged negligence or otherwise.

Signature..... Date.....

NB: Parent or Guardian must sign on behalf of Youth competitor.

NAME OF YOUTH:.....

PARENT/GUARDIAN:

NAME: SIGNATURE: