



APPLICATION FOR RESTRICTED MEMBERSHIP
 ABN 64 818 216 137
TAX INVOICE – 2011



Member Name	DOB	Occupation

Address: _____ P/Code _____

Phone: _____ Mobile: _____

Email (please print clearly) _____

Membership Fees	QTY	
Restricted Membership \$20 – see conditions below		\$20
TOTAL		\$

Please make all cheques payable to “Park Ridge Adult Riding Group”
Return to: The Secretary, Park Ridge Adult Riding Group, PO Box 802, Park Ridge QLD 4125

I wish to apply for restricted membership of PRARG Inc. and agree to the conditions as stated below. Failure to sign the waiver will negate membership of the club.

Restricted membership is available to non EA/PRARG riders for one week of the event or postponement thereof. This replaces the Day Levy Insurance previously offered by EA for non insured riders.

THIS FORM MUST BE RECEIVED WITH PAYMENT PRIOR TO ANY EQUESTRIAN ACTIVITIES ON THE DAY OF THE SAID EVENT I.E RECEIVED WITH DRESSAGE ENTRY OR WHEN PAYING NOMINATIONS AT A HACK SHOW.

Office Use only:

Date received:..... Pass/decline Cash/Chq No: Receipt No:

Signatures: _____

Parent/Guardian: _____ Date: _____



Member Dangerous Activity Acknowledgement

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

Address.....

State.....Post Code.....Date of Birth

Name of Club/Organisation: **Park Ridge Adult Riding Group**

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 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.....