NZ Show Horse Council Inc

P O Box 25, Matangi 3260, E: secretarynzshc@gmail.com Affiliate of Show Horse Council of Australasia Inc

APPLICATION FOR NEW MEMBERSHIP/MEMBERSHIP RENEWAL – 2019-2020

Please read this application carefully, complete all required details and sign. **If the Application is on behalf of a minor less than eighteen (18) years of age, then a parent/guardian is to sign**. The correct fee must accompany the application. Applications are to be forwarded directly to the Affiliate Association – the Schedule of Fees and contact details for each Affiliate may be found at www.showhorsecouncilaust.com.au .

APPLICATION & PERSONAL DETAILS

I, _____ _____ **MEMBER NUMBER**: _____

Surname Given Name/s

hereby apply for new membership/membership renewal of NZ Show Horse Council Inc (SHCA Affiliate).

TYPE OF MEMBERSHIP (please tick): **ADULT** ☐ **JUNIOR** ☐ **NON-ACTIVE** ☐

ADDRESS:	**POSTAL ADDRESS (if different, eg PO Box):**
State: Postcode:	State: Postcode:
PIC:	**DATE OF BIRTH (under 30 yrs):**
TELEPHONE:	**EMAIL:**
MOBILE :	
I agree to the following personal details being displayed to the public in the SHCA On-Line Register of National Saddle Horses (unless this section is completed, the information will NOT be visible): **Name** Yes ☐ **Address** Yes ☐ **Telephone/email** Yes ☐	I agree to my contact details being supplied to selected stakeholders in the Sport : Yes ☐

DECLARATION

In the event of my admission as a member of this Affiliate I acknowledge membership of the Show Horse Council of Australasia Inc (SHCA) through Affiliation and I agree to be bound by THE RULES, for the time being in force, of both the Affiliate and the SHCA. I declare, in making this application, that I do not hold membership with another Affiliated Association.

Horse Sports are a Dangerous Activity 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 activity 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 these 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 these 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 where required in accordance with the SHCA Rules and agree that I am solely responsible for ensuring that I comply with the SHCA Rules and take sole responsibility for my actions.

Signed: _____ Date: _____

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

Direct Deposit to : NZ Show Horse Council, BNZ, Cambridge 020300,0197749-00

Payment Amount: $ Ref: (member name) Received: