

# Outback Trail Horse Riders Association Inc Membership Application Form

First Name:.....Family Name:.....

Nick Name if preferred:.....Date Of Birth .....  
(Not for publication)

Street Address:.....

Suburb or Town:..... State:.....Post Code.....

Postal Address:.....State.....Post Code:.....

Phone:..... Mobile phone:.....

Email Address:.....

- I wish to become a Full Member  Joining Fee \$40.00 Annual Membership \$50.00  
Junior Member  Joining Fee \$40.00 Annual Membership \$40.00  
Associate Non Riding Member  Joining Fee \$40.00 Annual Membership \$50.00

Please tick one box above and include payment or proof of direct payment into the Associations bank account. Details listed below.

On my completion of the application form and the payment of the prescribed fee, I acknowledge that I am fully aware and accept that the Committee of the Outback Trail Horse Riders Association Inc. directly or indirectly singularly or collectively are not responsible for any loss or damage or death sustained by either participant or animal during the period of any ride or social event and that I or any relative or person I may be responsible for understands that he or she participates entirely at their own risk.

I understand that if accepted as a member I will be aware of and abide by the Associations Rules and Regulations.

I understand that any personal information provided here is for the purpose of administration and such information will not be provided to a third party unless I grant my permission except as required by a lawful request.

I acknowledge that neither the Association nor any Association Member can be responsible for any personal injury or loss or damage to persons, animals or property sustained by me whilst I am participating in an Association organised event. (If applicable) As a parent or guardian of children under 18 years of age who are Members, I agree to take full responsibility for any injury, loss or damage caused or sustained by my child/children whilst participating in an Association organised event.

I agree that in a case of an emergency I may be transported for medical assistance and that if that transport is via an ambulance I agree that I have current Ambulance Service Insurance.

I agree that in a case of emergency veterinary assistance may be obtained for my horse or horses at my expense.

Signature:..... Date:.....

If Junior Member application for person under 18 YO Parent or Guardian must also sign below.

I here by accept responsibility for and allow .....to participate in association organised events and as parent or guardian have acknowledged the clauses above on their behalf.

Print Name..... Signature.....

Please post you application form to:  
Outback Trail Horse Riders Association Inc  
C/O Richard Capper 39 Market St., Walla Walla NSW 2659  
Cheques made payable to Outback Trail Horse Riders Association Inc  
Direct Deposit:-- BSB 640 000 Account Number 59348659 Use Family name as Ref  
Please post your form and proof of deposit to Outback Trail Horse Riders Association Inc  
C/O Richard Capper 39 Market St., Walla Walla NSW 2659

I confirm that have read and understand all the details that comprise this application form and associated documentation.

Print Name:.....Signature:.....