



“Cumberland Trail Horse Riders Club Membership Application 2007

Please return completed forms and money to:

Cumberland Trail Horse Riders Club Inc, PO Box 7047, Alexandria. NSW. 2015

Enquiries: Julie Dean (H) 4627-8868, (W) 9381-3119, (M) 0414 772-683

Surname		
Christian Names		
Address		
 P/C.....		
Date of Birth (juniors)		
Telephone	Home	Work	Mobile
E Mail Address		

Please tick one

- | | | | |
|--------------------------|---|----------------------|---------|
| <input type="checkbox"/> | Senior Membership | (17 years and over) | \$65.00 |
| <input type="checkbox"/> | Junior Membership | (16 years and under) | \$45.00 |
| <input type="checkbox"/> | Affiliated Membership | | \$25.00 |
| | ATHRA Club you are a full member with:..... | | |

Declaration and signature

- I wish to apply for Membership of the “Cumberland Trail Horse Riders Club Inc”.
- I agree to abide by the ATHRA Code of Conduct and the Club’s Standing Rules.
- By signing this form I understand that the Recreational Services about to be sold to me as set out in the liability waiver form may cause my and or my dependants personal injury or death. By signing this agreement I understand that I and my dependants waive our rights to sue the Provider for losses relating to my and or my dependants personal injury or death that result from any negligence caused by the Provider.

Signed Date

Signed Date

Parent or Guardian Signature if under 18 years:

Receipt

Received from _____ the sum of \$ _____

Being membership to the Cumberland Trail Horse Riders Club Inc for the year **2007**

Signed _____

PLEASE NOTE: * CTHRC requires Junior members to be accompanied by an adult on **every** ride.
* All members under the age of 18 **MUST WEAR A HELMET**





LIABILITY WAIVER FORM **EXCLUSION OF CERTAIN RIGHTS TO SUE**

The purpose of this agreement is to limit the liability of the Provider to exclude liability for any personal injury or death to the Participant and other people in the care and control of the Participant howsoever caused who signed this form as acknowledgment of the terms and conditions of this agreement. By signing this form you are waiving your rights to sue the Provider for losses relating to personal injury or death. Under the provisions of the Trade Practices Act and Various State Laws conditions are implied into contracts that mean that the Provider of Recreational Services, noted below, is required to ensure that the Recreational Services it sells to you are: rendered with due care and skill, are fit for the purpose for which they are commonly bought as it is reasonable to expect in the circumstances or might reasonably be expected to achieve the result you have made known to the Provider.

Name and address of Provider

Australian Trail Horse Riders Association Inc, c/o PO Box 112, Helensburgh NSW 2508

The Participant acknowledges that the activity being undertaken is an activity being undertaken for the purposes of recreation, enjoyment or leisure which involves a significant degree of physical risk. The Provider acknowledges that they are providing Recreational Services detailed below which means; providing facilities for participation in a recreational activity, or training a person to participate in a recreational activity, or supervising, adjudicating, guiding or otherwise assisting a person's participation in a recreational activity.

The Participant hereby acknowledges that in attending the recreational activity that there are inherent risks involved to him or her or other people in their care and control. This agreement is directed and limited to inherent risks that are patent. The participants also acknowledges that the purpose of the recreational activity is for the benefit of the Participant and for the benefit of those people attending with the Participant and that at all times the Participant is responsible for his or her own actions and the actions of those other people in his or her care and control.

Description of Recreational Services

Horse trail riding and associated activities conducted under the auspices of "Cumberland Trail Horse Riders Club Inc"

Steps taken by Provider to avoid the danger of personal injury or death

All activities controlled and undertaken by the "Cumberland Trail Horse Riders Club Inc" will be conducted under the operating version of ATHRA's Code of Conduct.

The Participant acknowledges that during all times while he or she is attending the recreational activity he or she does so at his or her own risk and that the Participant and other people in the care and control of the Participant will not hold the Provider or any of its employees or agents liable for any personal injury or breach of contract whether caused by the negligence of the Provider its employees or agents howsoever caused or otherwise. The Participant acknowledges that in the event that he or she or any of the other people in their care and control find either or any of them is in difficulty that they are to stop the activity or request that the activity be stopped if appropriate, and seek help and/or assistance and advice.

Declaration and signature

By signing this agreement I understand that the Recreational Services about to be sold to me as set out in this form may cause my and or my dependants personal injury or death. By signing this agreement I understand that I and my dependants waive our rights to sue the Provider for losses relating to my and or my dependants personal injury or death that result from any negligence caused by the Provider.

Signature of Participant

Printed name

Date

/ /

Address

State _____ PostCode _____

