

Email or send this form with the Waiver to:

Gunalda & District Campdraft Assoc. Inc  
Email: admin@gunaldacampdraft.com.au  
Address: c-o Gunalda Post Office, Gunalda, QLD 4570



### Membership Form

SURNAME ..... FIRST NAME .....

SURNAME ..... FIRST NAME .....

Other Family Members (Juniors of 18 years & under, please supply date of birth):

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.....  
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EMAIL ..... PHONE .....

POSTAL ADDRESS .....

..... POSTCODE .....

#### FEES

Individual (18yrs & up) - \$50  
Juniors (under 18yrs) - \$20  
Couples x 2 Adults - \$70  
Family - 2 x Adults and up to 4 Juniors (\$100)  
Non – Rider or day member - \$15

#### PAYMENT

DIRECT DEPOSIT  
GUNALDA & DISTRICT CAMPDRAFT ASSOCIATION INC.  
BSB: 064416 ACC: 00910604

Total Payment Due: .....

**EMERGENCY CONTACT:** .....

I/we agree to comply with the rules & regulations of the above association, and the events that they promote.  
I/we declare that I/we have read, understand and agree to the terms and conditions of the Liability Waiver Form (attached)

SIGNED ..... Date .....

This form is to be submitted with the Waiver.

**RELEASE & WAIVER OF LIABILITY INDEMNITY AGREEMENT FOR**  
**THE GUNALDA & DISTRICT ASSOCIATION INC, ALL ITS OFFICE BEARERS & MEMBERS**

In consideration for me being a full member of Gunalda & District Campdraft Association Inc.,

I hereby agree that:

- Horse Riding is a dangerous sport
- I understand and acknowledge the rules and safety requirements of the event in which I wish to participate
- I understand that serious **INJURY, DISABILITY OR EVEN DEATH** may result from Horse riding which I may participate in on the day
- I understand and acknowledge that **I RIDE AT MY OWN RISK**
- I hereby waive, release all my legal rights to legal action against the above Associations from any claim for loss, damage, injury, death or permanent disability howsoever arising & incidental to myself (or my child) attending at and/or taking part in the event organized by these associations. This waiver includes but is not limited to liability for any negligent or tortuous act or omission, breach of contract or breach of statutory duty on the part of the Association, & I release the Association its' assigns, Office Bearers, Volunteers, Employees or Agents from all such claims, whether caused by negligence of the releases or otherwise. I understand it is my decision to wear or not to wear an approved safety helmet, and understand and acknowledge that by not riding with a safety helmet I may receive serious head injuries, permanent disability or even death in the event of an accident
- I understand and acknowledge not to ride whilst under the influence of drugs or alcohol
- I understand not to ride in a dangerous manner which may cause injuries to others or myself
- I declare that my saddle, my horse and myself are in sound condition
- I consent to receiving medical treatment &/ or ambulance transport if the organizers deem it necessary

I HAVE READ THIS RELEASE AND WAIVER LIABILITY INDEMNITY AGREEMENT AND FULLY UNDERSTAND ITS TERMS AND FURTHER UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME & INTEND THAT MY SIGNATURE BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

BY SIGNING HERE UNDER I CONFIRM THAT I HAVE READ & UNDERSTAND THE CONTENT OF THIS WAIVER  
PRINT NAMES SIGNATURE DATE

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**PARENT OR GUARDIAN CONSENT FOR COMPETITORS UNDER 18 YEARS OF AGE**

I ..... being the parent/guardian of the child known as

....., confirm that I have read the whole waiver

and have taken all necessary actions to ensure I am aware of the above child will be participating in & consent to his/her participation. By signing this waiver, I confirm having read & understood the contents of this disclaimer & note this document constitutes a complete & unconditional release of all liability of the Gunalda & District Campdraft Association Inc to the greatest extent allowed by law in the event of me and/or my child under my care against suffering injury or death.

Print name\_\_\_\_\_

Signature\_\_\_\_\_

Date\_\_\_\_\_

