



Show Horse Council of Western Australia (Inc)
RENEWAL of MEMBERSHIP 2010/2011
PO Box 1290, WEST LEEDERVILLE WA 6901
ABN: 72076998511
(Affiliate of the Show Horse Council of Australasia Inc.)

Office Use Only
Date Received

Member No: _____

PERSONAL DETAILS AND DECLARATION

I, _____
 (NAME)

of _____ POST CODE _____
 (ADDRESS)

Ph: _____ Mobile: _____

Email: _____

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

Horse Sports are a Dangerous Activity

In consideration of 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 risk, both known and unknown and I voluntarily PARTICIPATE at my OWN RISK and assume sole responsibility for any injury, loss 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 at 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 SHC Rules and agree that I am solely responsible for ensuring that I comply with the SHC Rules and take sole responsibility for my actions.

Do you agree to your details being supplied to selected sponsors: YES / NO

Are you a Junior under 17 years of age? YES supply date of birth _____ NO

If "YES" one Parent or Legal Guardian of the Applicant must sign below (please also print name).

Signed: _____ Date: _____

Signature of Applicant or if JUNIOR Name and Signature of Parent / Legal Guardian

CATEGORIES OF MEMBERSHIP AND FEES

All cheques/money orders payable to The Show Horse Council of WA Inc.
POST TO: SHC of WA Inc. PO BOX 1290 WEST LEEDERVILLE WA 6901

SENIOR ACTIVE / RIDING MEMBER	\$100.00
JUNIOR ACTIVE / RIDING MEMBER (Under 17 years)	\$80.00
SIBLING CONCESSION for 2nd and subsequent Junior member in the same family	\$70.00
NON-RIDER / NON-COMPETITOR MEMBER	\$25.00

Definition: (as provided by SHC Australasia Inc.) The Non Rider/Non Competitor Membership is for the member who does not ride a horse at any time, either for pleasure, exercise or training and does not compete as a rider or handler of a horse in any Competition or Event.

All categories of membership have the benefit of Public Liability Cover at ALL SHC Official Events.
 All Active / Riding memberships include 24/7 Personal Accident Cover for all horse related activities.

RENEWAL OF MEMBERSHIP DUE 31 JULY 2010

LATE FEE of \$20 will apply to renewal of Active / Riding memberships received after 31 JULY 2010.