

**MARYBOROUGH & DISTRICT WESTERN
PERFORMANCE CLUB INC.**

MEMBERSHIP APPLICATION (please print clearly)

NAME OF MEMBER/S	COMPETITION HORSE/S & REGISTRATION

ADDRESS	
PHONE NUMBER	
E-MAIL ADDRESS	
CONTACT IN EMERGENCY	
MOBILE PHONE NUMBER	
MEDICAL CONDITIONS	

I do agree to abide by the Constitution and Regulations of the Maryborough & District Western Performance Club Inc.

SIGNED:- _____ DATE :- _____

Schedule of Fees for 2011 / 2012 year are as follows:

TYPE OF MEMBERSHIP	AMOUNT	PAID	Office Use
Single Membership	\$40.00		
Each additional Member <small>(Per household over 18yo)</small>	\$35.00		
Youth Membership	\$30.00		
Leadline/Tiny Tots	\$30.00		
Day Membership <small>(Per Day)</small>	\$10.00		
Non Riding Members	\$20.00		

Membership is from 1st August 11 to 31st July 12.

Remember you are not eligible for an end of year High Point Trophy unless you are a member and attend at least 3 shows.

End of Year points begin from the time membership is paid.

Forward the completed form/Indemnity, Release, Waiver of Liability and Membership fees to:-

The Treasurer
Susan Hodges
906 Salt Water Creek Road
Maryborough 4650
Ph: 07 41233 298

OR BRING ALONG COMPLETED TO THE NEXT SHOW.

Please Note: The above information will be used to send out newsletters and send phone messages, so please notify us of any changes.

Please see Reverse for Wavier

MARYBOROUGH AND DISTRICT WESTERN PERFORMANCE CLUB INC.
INDEMNITY, RELEASE & WAIVER OF LIABILITY

I understand and acknowledge that all aspects of handling, working with and in the vicinity of and riding horses is a dangerous activity and that horses can act in a sudden and unpredictable (changeable) way at any time.

I understand and acknowledge that serious injury or death may result from all activities involving horses.

I agree that I compete and / or attend any show conducted or authorized by the Maryborough & District Western Performance Club Inc. at my own risk and to indemnify and keep indemnified the organization or person involved in the conduct of any show against all claims, suits, actions or demands which may be brought in respect of any injury or other loss sustained by me in the course of competing / exhibiting at the show and agree to exonerate the committee of management of the show together with any other organization or person involved in the conduct of any HSAA show from all loss or injury to me whether due to alleged negligence or otherwise.

SIGNATURE: - _____ DATE: - _____

NB: PARENT OR GUARDIAN MUST SIGN ON BEHALF OF YOUTH COMPETITOR

NAME OF YOUTH: - _____

PARENT / GAURDIAN

NAME:- _____ SIGNATURE : _____ DATE: _____

NAME:- _____ SIGNATURE :- _____ DATE:- _____

NAME:- _____ SIGNATURE:- _____ DATE: _____

NAME:- _____ SIGNATURE:- _____ DATE: _____