

AFWHS Inc.

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ARN: 16 952 478
IARN: A105671D

APPLICATION FOR RENEWAL OF MEMBERSHIP

1st Jan – 31st Dec 2019

YOUR DETAILS

Title:	First Name:	Surname:
Address:		
Suburb:	State:	Postcode:
Phone:	Mobile:	Member no:
Email:		Member since:
Preferred method of contact (please tick): Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail/post <input type="checkbox"/>		
Membership required (please tick): Single (\$55) <input type="checkbox"/> Family (\$80) <input type="checkbox"/> Junior (< 18 yrs - \$30) <input type="checkbox"/> Associate (\$30) <input type="checkbox"/>		
Registration of stud prefix/suffix required: <input type="checkbox"/> (please attach a separate application form – avail on the website)		
Annual renewal of stud prefix/suffix: (\$10) <input type="checkbox"/> (Must be renewed as of 1 st January each year to maintain registration)		
Additional family members:	Jnr/Snr	Jnr/Snr
Additional family members:	Jnr/Snr	Jnr/Snr
**I understand that by law, as an Incorporated Society, other members may view my name & address.		
**I have signed the attached member's waiver form. (Your application will not be accepted unless the waiver is signed).		
Date:	Signed:	

HORSE DETAILS & HI POINT (Please list **all** horses owned by you that are registered with the AFWHS Inc)

HORSES NAME	REG NO.	HI POINT ENTRY	HI POINT ENTRY FEE	PAYABLE
(1)		<input type="checkbox"/> Yes <input type="checkbox"/> No	FREE	\$0.00
(2)		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$10.00	
(3)		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$10.00	
(4)		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$10.00	
(Attach extra sheets if more than 4 horses) Your membership includes one free entry for the Hi Point award – place the horse you wish to nominate in position (1) above. Additional horses may be entered by simply listing them in the remaining positions above – a fee of \$10 per extra horse applies. A performance card will be issued for horses entered in the Hi Point award. See card or website for all rules & conditions		Sub Total		\$
		Membership fee (see fees listed above)		\$
		Horse registration @ \$35 ea (payable only once upon initial registration)		\$
		Transfer of horse @ \$25 ea (payable upon every transfer to a new owner)		\$
		Renewal of Stud prefix/suffix registration \$10		\$
		Total amount enclosed		\$

PAYMENT DETAILS

Method of payment (please tick): <input type="checkbox"/> Cheque or money order made payable to AFWHS – post to address listed at top left		
<input type="checkbox"/> Direct deposit (bank details below – please include your surname as reference - complete the details below and attach a copy of the transfer receipt (your membership may not be accepted without this))		
Account name: Australian Friesian Warmblood Horse Society		
Bank: National Australia Bank		
BSB - 086 535 Account number – 862499845		
Date of deposit:	Reference used:	Copy of receipt attached: <input type="checkbox"/>

OFFICE USE ONLY

Date received:	Paid on:	by CHQ/MO/EFT	Receipt no:
Member number:	Processed on:	by	Signed:



AUSTRALIAN FRIESIAN WARMBLOOD HORSE SOCIETY Inc.
Release of Waiver of Liability and
Dangerous Activity Acknowledgement.

Full Name of participant (and of guardian if under 18 years):

Address: State:

Post Code: Date of Birth: Name of horse:

Name of Organisation: AUSTRALIAN FRIESIAN WARMBLOOD HORSE SOCIETY INC.

HORSE SPORTS ARE A DANGEROUS ACTIVITY

In consideration for 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 risks, both known and unknown, even if arising from the negligence of the Australian Friesian Warmblood Society Incorporated (AFWHS Inc) and I voluntarily participate at my OWN RISK and assume sole responsibility for any injury, death or property damage I may suffer that arises from my participation in horse sport activities or any other AFWHS Inc activity.

I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs before and during any AFWHS Inc organised 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 any horse sport activity.

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 in any event 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 and I agree to indemnify the AFWHS Inc against all claims made by any person as a result of my failure to comply.

I agree to wear a helmet at all times during ridden horse sport activities and agree that I am solely responsible for ensuring that I wear a suitable helmet at all times and take sole responsibility for my actions.

I agree not to sue the AFWHS Inc (including their officers, officials, volunteers, coaches, agents and/or employees, other participants, sponsors, and if applicable, owners and lessors of premises used to conduct the events) with respect to **ANY AND ALL INJURY, DISABILITY, DEATH**, or loss or damage to person or property, **WHETHER CAUSED BY THE NEGLIGENCE OF THE AFWHS Inc OR OTHERWISE.**

Effect of this Document

I have had sufficient opportunity to read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without inducement of any kind. I understand that my signature to this document constitutes a complete and unconditional release of all liability to the AFWHS Inc, to the greatest extent allowed by law in the event of me and/or the children under my care, suffering injury or death.

Dated ____/____/____ Signature of member _____

For Participants of Minority Age (Under Age 18)

This is to certify that I, as a parent/guardian with legal responsibility for this participant, acknowledge, understand and accept **ALL OF THE ABOVE** and consent and agree to his/her release as provided above of the AFWHS Inc, and I release and agree to indemnify and hold harmless the AFWHS Inc from any and all liabilities arising from my minor child's involvement or participation in horse sport activities, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE AFWHS Inc.**

Dated ____/____/____ Signature of guardian _____