



Southern Districts Working Equitation Club Inc.

Magenup Equestrian Centre, 302 De Haer Road, WANDI, WA, 6167

Email: sdwe.club@gmail.com

Membership Form

1 January 2020 to 31 December 2020

To our existing members, welcome back to another exciting year of WE. Your committee look forward to seeing you and your equine partner grow and develop in the coming year. To all our new members, a very warm welcome and please feel free to contact any of the committee, who will be more than happy to meet you at rallies, show you around and introduce you to other members.

First Name: _____ Family Name: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact Name: _____ Phone: _____

Health: list any relevant medical or physical conditions: _____

Riding experience/level: _____

Details of main ridden horse (*Horse must be 4yrs and over*)

Name: _____ Gender: _____ Age: _____

Experience level of horse, i.e. green, schoolmaster: _____

Do you have EWA Membership - EWA Category _____ Member No. _____

ANWE Rider Levy Number: _____

****It is compulsory for all riders to hold an ANWE Rider Levy Number (cost \$10.00 Per year) to attend Rallies and Compete in Protocol days and Competitions. You need to apply for this through Nominate please go to <https://anwewa.com/membership/> for full information and a How to Video.***

Every member is encouraged to help with at least one event per year. What skills or area are you able to contribute towards helping your club? _____

Membership Type (*please tick appropriate box*)

Adult Yr \$150.00 Adult ½ Year \$100.00

Non Rider \$10.00 Junior (13 yrs over) \$150.00

Payment Methods:

Direct deposit to Southern Districts Working Equitation Club Inc. **BSB: 633-000 Acc #: 163 868 862**

Please use your SURNAME and MSHIP as bank reference (SMITH MSHIP) email proof of payment with the membership form, – **Attn Secretary - sdwe.club@gmail.com**

***Please note: membership application will only be valid once both the membership form and payment is received. Your membership application will be assessed by the Committee in accordance with the Club's Constitution.**

As a member of SDWE, I understand that I am a member of an ANWE Ltd affiliated club which abides by the Laws and Regulation, Policies, Rules and Guidelines of ANWE Ltd. I understand that I can access these rules, guidelines and policies on the ANWE website at <http://anweld.com.au> or SDWE website at <https://southerndistrictsworkingequitation.com>

INSURANCE: Please note that the club's insurance does not cover riders for personal accident or public liability. You are strongly advised to insure yourself. In the event of an accident, the club reserves the right to call an ambulance, if necessary, at the expense of the injured rider.

Signed: _____ Date: _____



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Email: sdwe.club@gmail.com

Parent/Guardian details and signature for under 18-year-old members:

I agree that my child will abide by the rules that govern SDWE and the Magenup Grounds.

I agree that I will be in attendance at all times whilst my child is at the grounds.

Name _____

Address _____ Phone _____

Signature _____ Date _____

All Members - Visual Images Release Form

From time to time the Southern Districts Working Equitation Club Inc (SDWE) creates promotional material to create awareness in the community of rallies and events connected with our club.

We ask you to sign this form to indicate you fully understand and authorise SDWE, its agents and affiliates to use photographs or visual images of you/your child to promote the sport. The images could be used in marketing and advocacy materials including, but not limited to, posters, brochures, website, newsletters, reports and media stories.

In signing below, you will be giving permission for SDWE to use the images in the promotion of the Club and its activities between the dates of 1st January 2020 and 31December 2020.

Thank you for agreeing to be part of SDWE promotions.

I hereby give SDWE permission to utilise photographic and/or visual images in promotional resources for the purposes outlined above for the next 12 months.

I am aware my image will be used to promote SDWE programs and may be displayed on its website and on other promotional material.

I waive the right to inspect or approve the finished photograph or visual image and any written copy or printed material that may be created in connection with the photograph or visual image. I also waive any interest or right to compensation I have in the photograph or visual image.

I understand that although SDWE will endeavor to ensure accuracy, SDWE cannot be held responsible for any use or misuse of the images once released. I release SDWE from any liability in relation to the misuse of images once released.

_____ (Name) _____ (Signature)

_____ (Date)



**EQUESTRIAN AUSTRALIA LIMITED
RELEASE AND WAIVER OF LIABILITY ASSUMPTION OF RISK AND
INDEMNITY AGREEMENT**

Southern Districts Working Equitation Club

302 De Haer Rd Wandj, WA

ALL SDWE HELD RALLY'S AND EVENTS

(hereafter referred to as "EVENT(S)")

NOTE: the Competition & Consumer Act 2010 ("the Act") implies a warranty of due care and skill into contracts for the supply of services to consumers, as defined in the Act. To the extent that the warranty applies to any contract relevant to the Release and Waiver of Liability, it cannot be excluded.

Subject to that warranty, if applicable and IN CONSIDERATION of being permitted to compete, officiate, observe, work for, or participate in any way in the EVENT(S), EACH OF THE UNDERSIGNED, for himself/herself, his/her personal representatives, heirs and next of kin:

1. Acknowledges, agrees and represents that he/she further agrees and warrants that, if at any time, he/she feels anything to be unsafe, he/she will immediately advise the officials of such and refuse to participate further in the EVENT(S).
2. HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the club/coach, participants, EA and its state bodies or any subdivision thereof, officials, volunteers, medical personnel, any persons, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENT(S), premises and event inspectors, underwriters, consultants and others who give recommendations, directions, or instructions or engage in risk evaluation or loss control activities regarding the premises or EVENT(S) and each of them, their directors, officers, agents and employees, all for the purposes as herein referred to as "Releasees", FROM ALL LIABILITY, TO THE UNDERSIGNED, his/her personal representatives, assigns, heirs, and next of kin FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFORE ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR RESULTING IN DEATH OF THE UNDERSIGNED ARISING OUT OR RELATED TO THE EVENT(S), WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
3. HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them FROM ANY LOSS, LIABILITY, DAMAGE, OR COST they may incur arising out of or related to the EVENT(S), WHETHER CAUSED BY THE OF THE RELEASEES OR OTHERWISE.
4. HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE arising out of or related to the EVENT(S) WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
5. HEREBY acknowledges that THE ACTIVITIES THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of the UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE/MEDICAL OPERATIONS OR PROCEDURES OF THE RELEASEES OR OTHERWISE.
6. HEREBY agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Releasees, INCLUDING NEGLIGENCE RESCUE

OPERATIONS and is intended to be as broad and inclusive as is permitted by the laws of the State/Territory in which the EVENT(S) is/are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

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

BY SIGNING HEREUNDER I CONFIRM HAVING READ AND UNDERSTOOD THE CONTENTS OF THIS DISCLAIMER.

NAME (BLOCK LETTERS)

SIGN HERE

DATE

PARENT/GUARDIAN CONSENT FOR UNDER 18 YEAR OLD PARTICIPANTS.

I, _____ being the parent/guardian of the abovenamed _____ confirm that I have read the whole of this document and have taken all necessary actions to ensure I am aware of the activity which the above named, will be asked to participate in and consent to him/her participating. In doing so, I acknowledge that equestrian activities are dangerous and that accidents causing death, bodily injury, disability and property damage can and do happen. I agree that neither the Branch, club/coach, participants, EA and its state bodies, or any subdivision thereof, officials, volunteers, medical personnel, any persons promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENT(S) shall be under any liability whatsoever for the death or any bodily injury, loss or damage which may be suffered or incurred by the abovenamed or by me in or being present at any activity conducted by, or on behalf of the BRANCH except for any rights the abovenamed or I may have arising under the Competition & Consumer Act (Cth) (or similar legislation)

By signing hereunder I confirm having read and understood the contents of this disclaimer.

NAME (BLOCK LETTERS)

SIGN HERE

DATE