



NORTHERN TERRITORY SHOW HORSE ASSOCIATION INC.
PO BOX 2174, COOLALINGA NT 0839
Email: ntshowhorseassoc@gmail.com

JUNE CLINIC

Samantha Kennedy (SA)
SUNDAY 7TH JUNE / MONDAY 8TH JUNE
FREDS PASS RESERVE

Members: \$85 Non-Members \$90 + Day Membership

NAME: _____

NTSHA MEMBERSHIP: Yes No - Day Membership Applies

Email Address: _____

TIME	SUN 7 JUNE	MON 8 JUNE
7.30am		
8.10am		
8.50am	Melanie Cobbin	Michael Duckenfield
9.30am	Michael Duckenfield	
10.10am	Eric Metcalfe	Eric Metcalfe
10.50am		
11.30am		
12.10pm		
12.50pm		
1.30pm		
2.10pm		
2.50pm		
3.30pm	Sandy Enniss	Sandy Enniss

1st Preference: _____ 2nd Preference: _____

On confirmation of lesson time, payments must be made within 24hrs to:
NTSHA Bendigo Bank BSB: 633000 ACCT: 136036357

I hereby apply for membership of the Northern Territory Show Horse Association Inc. and agree to abide by the rules, regulation and by-laws of the Northern Territory Show Horse Association Inc. as set out in the constitution, By-laws, competition Rule and Publications.

Signed: _____

Date: _____

Must be signed by Parent or Legal Guardian where applicants are under 18 years of age.



NORTHERN TERRITORY SHOW HORSE ASSOCIATION INC.
PO BOX 2174, COOLALINGA NT 0839
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APPLICATION FOR DAY MEMBERSHIP

MEMBERSHIP FEES (Insurance is compulsory)

Day Membership	Per Person	\$10
Insurance (for use on day of competition/clinic only)		incl
TOTAL PAYABLE		\$

Full Name:

Residential Address:

Postal Address:

Contact Phone Number:

Email Address:

Date of Birth:

Horse Competing:

Date Competition/Clinic:

I hereby apply for day membership of the Northern Territory Show Horse Association Inc. and agree to abide by the rules, regulation and by-laws of the Northern Territory Show Horse Association Inc. as set out in the constitution, By-laws, competition Rule and Publications.

Signed:

Date:

Must be signed by Parent or Legal Guardian where applicants are under 18 years of age.



Risk Warning and Waiver of Liability

Name of Provider	Northern Territory Show Horse Association Inc.
Address of Provider	PO Box 2174 Coolalinga NT 0839
Name of Participant	
Address of Participant	

The following pages affect your legal rights and obligations. Please read these carefully and only sign if you fully understand their contents. For Participants under 18 years of age, these documents must be completed by a parent or legal guardian.

Description of Activities	HORSE RIDING
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Risk Warning

I am aware that by my participation in any activities arranged by the Provider, certain risks or dangers may occur which could include:

- Physical, bodily or psychological injury or death.
- Physical exertion to which I am not accustomed.
- Failure of equipment or use of inadequate equipment.
- There may be no or inadequate facilities for treatment or transport to treatment if I am injured.
- The conditions in which the activities are conducted may vary without warning.
- I may cause injury to other persons and/or other persons may cause injury to me.
- I may be injured or die due to the negligence, breach of contract or breach of statutory duty or guarantee of the provider.

I acknowledge that the activities are being undertaken for the purposes of recreation, enjoyment or leisure, and involve a significant degree of risk of physical harm.

I acknowledge that the Activity may be undertaken with one or more other persons as part of a group and that the Provider is not liable for the actions of other participants in the group activity.

By signing below, I acknowledge, agree and understand that the risks associated with the Activities and/or recreational services have been explained to me. I undertake any such risk voluntarily and at my own risk.

Participant's Warranties

I agree to abide by any of the Provider's rules, and any direction or instruction given to me by the Provider during the course of the Activities. I agree to use and/or wear any equipment given to me by the Provider.

I declare that I am medically and physically fit and able to participate in the Activities. I acknowledge that I must, and agree that I will, disclose any pre-existing medical or other condition, injury or concern that may affect the risk that either I or any other person will suffer injury, loss or damage during the course of the Activities and notify the Provider of any injuries, illness or concerns that may arise during the Activity. I will not engage in any reckless, negligent or foolish behaviour or any other behaviour that is likely to cause injury to me, any other participant or person.

I agree that if I suffer any injury or illness, the Provider may provide evacuation, first aid and/or medical treatment at my expense and that my acceptance of these terms and conditions constitutes my consent to such evacuation, first aid and/or medical treatment.

I declare that I have not consumed any alcohol or mind-altering substance, or medication that may impact my judgement or physical capacity, before or at the time of engaging in the Activities.

Exclusion of liability

I agree to and unconditionally release, waive, discharge and forever hold harmless, the Provider or any of its employees, agents, directors or officers, from any claims as a result of any personal injury sustained, whether caused by the Provider's negligent act or wilful act or omission, breach of contract, breach of statutory duty, error, or otherwise in connection with or arising out of the Activities.

I agree that the Provider will not be liable for any claims for personal injury that may be brought against it as a result of or in connection with any act, omission, default, failure or error on the part of the Provider, and agree to indemnify and keep indemnified the Provider in respect of any such claims.

Waiver

It is possible for a supplier of recreational services to ask you to agree that the statutory guarantees under the Australian Consumer Law (which is schedule 2 to the Competition and Consumer Act 2010 (Cth)) do not apply to you. If you sign this form, you will be agreeing that your rights (or the rights of a person for whom or on whose behalf you are acquiring the services) to sue the Provider in relation to the Provider's services or the activities that you undertake because the services or activities provided were not in accordance with the guarantees are excluded, restricted or modified as set out below.

By signing this form, you agree that the liability of the Provider in relation to the activities (as defined by the Competition and Consumer Act 2010 (Cth), the Consumer Affairs and Fair Trading Act (NT) and the Australian Consumer Law) and recreational activities (as defined by the Civil Liability Act 2002 (NSW) and the Civil Liability Act 2002 (WA)) for any:

- (a) Deaths;
- (b) Physical or mental injuries (including the aggravation, acceleration or recurrence of such an injury);
- (c) The contraction, aggravation or acceleration of a disease.
- (d) The coming into existence, the aggravation, acceleration or recurrence of any other condition, circumstance, occurrence, activity, form of behaviour, course of conduct or state of affairs in relation to an individual:
 - (i) That is or may be harmful or disadvantageous to you or the community; or
 - (ii) That may result in harm or disadvantage to you or community.

That may be suffered by you (or a person for whom or on whose behalf you are acquiring the services) resulting from the supply of the recreational services or recreational activities is excluded.

You acknowledge and agree that the above provision operates to exclude the liability of the Provider as a result of a breach of an express or implied warranty that the recreational services will be rendered with reasonable care and skill in accordance with section 5J of the Civil Liability Act 2002 (WA) and section 5N of the Civil Liability Act 2002 (NSW).

Declaration and Signature

I have read carefully and understand this risk warning and waiver of liability and sign it feely and voluntarily without inducement of any kind.

Signature of Participant: _____ Date: _____

Signature of Witness: _____ Date: _____

For Participants under age 18

This is to certify that I, as a parent/guardian with legal responsibility for the Participant, acknowledge, understand and accept all of the above and consent to his/her release as provided above. I release and agree to indemnify and hold harmless the Provider from any and all liabilities arising from my minor child's involvement or participation in the Activities and/or recreational services, even if arising from the negligence of the Provider.

Signature of Legal Guardian: _____ Date: _____

Name (Print): _____

Signature of Witness: _____ Date _____