



## Northern Tasmanian Eventing Club Membership 2014 – 2015

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Email (please print clearly) \_\_\_\_\_

Email (double check) \_\_\_\_\_

DOB Junior/Young Rider \_\_\_\_\_

EA Horse Membership (EV 95 & Above) \_\_\_\_\_

EA Membership (EV 80 & Above) \_\_\_\_\_

Membership Type	Cost	Total
<b>Senior Membership</b> (18yrs +) Valid until 31 <sup>st</sup> July 2015	\$50	
<b>*Junior Membership</b> (8-18yrs) Valid until 31 <sup>st</sup> July 2015	\$35	
<b>Family Membership</b> 2 adults and 2 children under the one roof	\$90	
<b>Social Membership</b>	\$10	
	<b>Total</b>	

\*Junior Membership - riders under 12yrs may attend training days and compete in unofficial grades (EV 50 & EV 65) only. Riders must be deemed competent by an EA coach before entering competition, which can be done at a NTEC training day, or via private lesson.

### Release and Waiver of Liability Horse Sports are a Dangerous Activity

I understand and acknowledge that horse sports are a dangerous activity and that horses can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt. I understand and acknowledge that serious **INJURY** or **DEATH** may result from horse sport activities and in particular from events in which I participate. I agree that **I PARTICIPATE at my OWN RISK.**

I agree not to drink alcohol or take drugs prohibited by law before or during competition.

I understand that I must be at least a member of NTEC to compete in EV 50 &, EV 65, and a member of both EA and NTEC to compete in EV 80 classes and above.

I understand that this NTEC membership is only Public Liability insurance. NTEC encourages members to take out EA membership for 24/7 insurance for riders.

**Effect of this Document**

I understand that my signature to this document constitutes a complete and unconditional release of all liability the Equestrian Federation of Australia Ltd including all of its state bodies, coaches and affiliated clubs, to the greatest extent allowed by law in the event of me and/or the children under my care, suffering injury or death.

**I acknowledge the information provided on this form is correct and in doing so also acknowledge the terms of the waiver. For family membership all members must sign the waiver.**

Date:...../...../..... Name..... Signature of competitor/guardian.....

Date:...../...../..... Name..... Signature of competitor/guardian.....

Date:...../...../..... Name..... Signature of competitor/guardian.....

Date:...../...../..... Name..... Signature of competitor/guardian.....

**All cheques/money orders to be made out to NTEC**

**Send to:** NTEC  
Mrs Leonie Blackwell  
23 Beefeater Street  
Deloraine 7304