

Tasmanian Eventing Association

NORTH WEST EVENTING ASSOCIATION

MEMBERSHIP RENEWAL 2018/2019

Rider: _____

Contact Details

Address: _____

Phone: Home: _____ Work: _____

Mobile: _____ Fax: _____

Email Address: _____

Information to members may be sent out by email or put on our Facebook page, please be prepared to check.

Junior or Senior Date of Birth (if under 21 as at 1/1/18): _____

Competitor or Participant member of E.A.: _____ Membership Number: _____

Current Grade: (**, *, EvA105, EvA95, EvA80, Training, Learners):

Grade aiming for this season: _____

Joining as	Single Membership	\$40.00
	Family Membership	\$60.00
	(Family includes parents & children living at the same address)	
	Social Non Riding Member	\$10.00

Must be paid before mounting your horse at your first event/training day for this season.

Each member must complete separate waiver.

Total Paid: _____

Signature: _____ Date of Renewal: _____

Cheques made payable to North West Eventing Association (no cash in mail please).
Direct Deposit: A/c Name – North West Eventing Association, BSB No. 633-000, A/c No. 123027930. **Please use your surname as reference so we can match up the payments.**

Forward to: NWEA Secretary
Miss Jodi Gardam
164 Warra Road
STOWPORT TAS 7321

Email: jodi.gardam@gmail.com
Ph: 0438 312 541

TO

TASMANIAN EVENTING ASSOCIATION

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.

Name of Competitor: _____
Address: _____
Phone: _____ Date of Birth: _____
Occupation: _____
Name of Guardian (If competitor under 18 years): _____
Address (If different from the competitor's): _____
Phone (If different from the competitor's): _____
Occupation: _____

Effect of this Document

I understand that my signature to this document constitutes a complete and unconditional release of all liability the Equestrian Australia 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.

Signature of Competitor/Guardian: Dated: