

# Membership Application Form 2017

## Australian Mounted Games Association - MGAWA

Our membership year is from January 1-December 31 each year.

I/We desire to become member/s of the Australian Mounted Games Association and request you to enter my/our name/s in the register of Members in accordance with and subject to the Constitution.



### Membership Type

- Day Member (1 Day \$50.00 / 2 Days \$55.00)
- Single Member (\$75.00)
- Family Membership (2 Members \$145.00 / 3 members \$205.00 / 4 + members \$260.00)

Member Name	DOB	Email Address
1)		
2)		
3)		
4)		
5)		
Postal Address		Contact Phone Number

<p><b>Insurance and Ambulance Cover</b> <input type="checkbox"/></p> <p>I/we acknowledge that AMGA Insurance is a <i>Public Liability Insurance only</i> and that AMGA recommends members have Ambulance Cover and consider Personal Accident Cover. I/we confirm that in the event of an accident I/we are liable for all ambulance and medical costs incurred.</p>	<p><b>Permission to Publish</b></p> <p>Photo with first name only - Yes/No                  Photo with full name - Yes / No                  Full name in results - Yes / No</p>
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<p><b>Signature/s of Member/s</b>                  (Members over 18yrs or where members are under 18yrs by a guardian)</p>	
1)	<p>By signing this application I/we agree to abide by the organisation's Constitution, Code of Conduct and other Regulations approved by the Committee.</p> <p>To complete your membership please forward the membership application form, a completed waiver form for each member/s (guardians if under 18 years) and receipt of payment to:</p> <p><b>The Secretary, MGA, WA</b>  <b>C/O: Sue Forbes</b>                  Ph: 0414 386 760                  Email: info@mgawa.org.au                  Direct Deposit: BSB 016 341 Account 252292142</p>
2)	
3)	
4)	
5)	

Office Use

Date application rec'd: \_\_\_\_\_ Date Fees rec'd: \_\_\_\_\_ Waiver Forms rec'd: Y/N



THE AUSTRALIAN MOUNTED GAMES  
ASSOCIATION INC.  
Waiver & Dangerous Activity  
Acknowledgement



**Each member must sign and submit a Waiver Form to become a member of the AMGA (Western Australia)  
THE FOLLOWING WILL AFFECT YOUR LEGAL RIGHTS AND LIABILITIES PLEASE READ CAREFULLY**

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 activity and horses can act in suddenly unpredictable ways, especially if excited, frightened or hurt.
- There is a significant risk that serious **INJURY, DISABILITY** or **DEATH** may result from horse sport activities, including but not limited to horseback riding, handling and grooming of horses and other stable/arena work.
- I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs and agree not to drink alcohol or take drugs prohibited by law before or during sporting events and or activities.
- 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 the activities and my immediate removal from my horse **NO MATTER** where that may occur.
- I agree to wear an approved helmet at all times whilst participating in the sport where this is required under the relevant EA and FEI rules and regulations.

I wish to participate in these activities knowing that they are dangerous. I accept and assume all risks of injury (including death) to me and/or my property (including horses). I agree to compete at my own risk and to indemnify and keep indemnified the Australian Mounted Games Association and any third parties associated with their activities. In exchange for being permitted to participate in these activities, for myself, my heirs, guardians, and legal representatives, I release and agree not to make or bring any claim of any kind against Australian Mounted Games Association, or officials, servants, employees, representatives, officers, and directors for any injury (including death), to me or any damage to my property, arising out of my participation in these dangerous riding or related activities.

**I have had sufficient opportunity to read this Dangerous Activity Acknowledgement and Membership Application Form and fully understand its terms and the information provided to me relating to the 3rd Party Insurance. I sign this Waiver freely and voluntarily.**

Member Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Dated \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_ Mobile: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Ph: \_\_\_\_\_

**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 my minor child's involvement or participation in horse sport activities.

Signature (parent/guardian) \_\_\_\_\_

Print Name \_\_\_\_\_

Dated \_\_\_\_ / \_\_\_\_ / 20\_\_\_\_

**Parent/Legal Guardian must sign if member is under 18 years old.**

Witness: Print Name: \_\_\_\_\_