



Sunshine Coast Riding for the Disabled (RDA) Inc.

Email: admin@scrda.org.au

Website: www.scrda.org.au ABN 60945261098

Annual Membership Application or Renewal effective 2020

1 Jan – 31 Dec 2020 *Individual Membership \$45- pp (From 1/10/20 \$45 valid until 31/12/2021)*

PLEASE COMPLETE ALL FIELDS in BLOCK LETTERS I am joining/renewing as a Volunteer / Participant / Both

Name: _____ DOB ____/____/____

Residential Address: _____ Suburb: _____

Email: _____ Post Code _____

Contact Name: _____ Phone: _____

2nd Emergency Contact: Name: _____ Phone: _____

Relationship to Member: _____ Participant's Weight ____ kg Height ____ cm

Participant with a disability Participant without a disability

Is Participant NDIS Funded? Yes / No How is the NDIS plan managed? Self / Agency / Registered Provider

ACCOUNT to be sent to (if different to above) Name of Organisation/Other: _____

Email: _____ Contact: _____

Agree to Photograph Video Social Media YES / NO If YES then complete the Permission to Photograph and Record Form. (Available from website.)

Does the participant suffer from any of the following NO

- | | | | | | |
|---|--|---|--------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy/Fits | <input type="checkbox"/> Blackouts | <input type="checkbox"/> Back Injury | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Blood Condition | <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Recent Injury | |
| <input type="checkbox"/> Allergic Reactions | <input type="checkbox"/> Uneven Pupils | <input type="checkbox"/> Recent Surgery | <input type="checkbox"/> Other _____ | | |

Please describe allergy and reaction _____

Tetanus Immunisation - It is particularly important that people dealing with horses are immunised against tetanus. Tetanus is normally given at five years of age as Triple antigen or CDT and at fifteen years of age as ADT. Year of tetanus immunisation _____

I understand that as a member of the Sunshine Coast Riding for the Disabled (RDA) Inc. I agree to abide by the constitution, rules, policies and Code of Conduct. (Available on website or copies supplied on request).

I have read and agree to the Release and Waiver of Liability that Horse Sports are a Dangerous Activity (on the back of this form)

Signature: _____ **Date:** _____

Parent/Guardian to sign if member is under 18.

IMPORTANT - Please complete all sections and either post, email or return this form in person with payment. Please note members are unable to partake or volunteer in any programs until payment of membership is confirmed. If paying by EFT please email a copy of transfer receipt. Please use surname or invoice number as reference when depositing.

Sunshine Coast Riding for the Disabled (RDA) Inc
PO Box 517
EUMUNDI, Qld, 4562

EFT to Suncorp account
BSB: 484 799
ACCOUNT No: 002759281

Office Use Only : VOLUNTEER Centre Shop Other	PARTICIPANT Group Ride _____	EAL RST Saddle Club Group Jnr Inter Adv	M/S Paid \$ _____ Received _____ Cash Cheque EFT Voucher EFTPOS Confirmed _____ Database ____/____/____	Orientation ____/____/____ Induction ____/____/____ Blue Card ____/____/____ B/Training ____/____/____
	Carriage Driving _____	Camp Hippo	Initial Ass ____/____/____ Medical C ____/____/____	
	Ground Skills _____			

Release and Waiver of Liability
Horse Sports are a Dangerous Activity

Supplier of recreational service: Sunshine Coast Riding For the Disabled (RDA) Inc

In consideration for being permitted to participate in any way in horse sport activities, I understand, acknowledge and accept that:

Horse sports are a dangerous recreational activity and horses can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt.

There is significant risk that serious INJURY or DEATH may result from horse sport activities and in particular this activity.

I/We confirm the Recreational Service Supplier has explained this document to me/us and I/we am/are aware of the implications, intent and effect of agreeing to sign the document. I/We furthermore confirm I/we am/are aware of the obvious risks associated with activities involving horses and I/we knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Recreational Service Supplier (hereafter referred to as the "Releasees") or others and I voluntarily PARTICIPATE at my OWN RISK and assume sole responsibility for any injury, death or property damage I may suffer that arises from my participation in horse related activities.

I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs before and during the activity and I take full responsibility for any injury, loss or damage associated with their consumption. I agree not to drink alcohol or take drugs prohibited by law before or during this activity.

I agree to follow the directions given to me and that any misconduct or refusal by me to follow any direction can result in the CANCELLATION of participation in the activity and my immediate removal from any horse NO MATTER where that may occur. I understand that any such non-compliance may result in injury, death and/or permanent disability and I agree to indemnify the Releasees against all claims made by any person as a result of my failure to comply.

I agree to wear a helmet at all times whilst riding and agree that I am solely responsible for ensuring that I wear a suitable helmet at all times and take sole responsibility for my actions.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS AND AGREE NOT TO SUE** the Recreational Service Supplier, their officers, officials, volunteers, coaches, agents and/or employees, other participants, sponsoring agencies, sponsors and if applicable, owners and lessors of premises used to conduct the activities (all of whom are referred to as "Releasees") **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.**

Agreement to exclude, restrict or modify your rights:

I agree that the liability of the above named Recreational Service Supplier for any personal injury that may result from the supply of the recreational services that may be suffered by me (or a person for whom or on whose behalf I am acquiring the services) is completely and unconditionally —

(a) excluded;

I/we have had sufficient opportunity to read this release of liability and assumption of risk agreement or where required, explained to me/us, fully understand its terms, understand that I/we have given up substantial rights by signing it, and sign it freely and voluntarily without inducement, undue pressure or influence of any kind.