

DAYBORO TRAILRIDERS CLUB INC

PO Box 128, Dayboro, 4521.

Email: dayboro.trailriders@gmail.com

ABN: 62 556 298 632

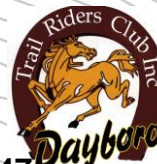
Direct deposit bank details – BSB 633-000 A/C no 163109747

Use your name as the reference

Wendy Kuslan – President

Rachel Kuslan - Secretary

Julie Stephenson – Treasurer
0410 655 694



MEMBERSHIP APPLICATION 2019

Surname: First Name:

Address:

Date of Birth: E-mail address

Telephone: Work: Mobile:

Emergency Contact Person:

Please circle appropriate response.

Do you have a current First Aid Certificate? YES NO When does it expire?

Do you have a Volunteer Blue Card for working with children? YES NO

Do you carry medication? YES NO Do you have a medical bracelet? YES NO

Do you have any illness or disability we should know about

What is your level of horse riding experience?

Have you been trail riding with another club? YES NO Name of Club:

Membership Payments

Circle F if part of Family membership. Fill individual forms staple together and submit one payment

Family Membership: 3 members of same household \$140 then \$60 per person

Senior Membership \$ 65 F \$ _____

Junior Membership (18 and under) \$ 60 F \$ _____

Total \$ _____

This membership expires on 31 December 2019

Declaration and signature

- I wish to apply for Membership of the DAYBORO TRAILRIDERS CLUB INC
- I agree to abide by the TRA Trail Riding Code of Conduct and the Club's Standing Rules.
- By signing this form I understand that the Recreational Services about to be sold to me as set out in the liability waiver form may cause my and or my dependants personal injury or death. By signing this agreement I understand that I and my dependants waive our rights to sue the Provider for losses relating to my and or my dependants personal injury or death that result from any negligence caused by the Provider.

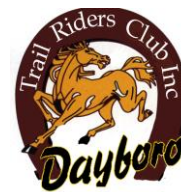
Signed Date

Signed Date

Parent or Guardian Signature if under 18 years.



**LIABILITY WAIVER FORM
EXCLUSION OF CERTAIN RIGHTS TO SUE**



The purpose of this agreement is to limit the liability of the Provider to exclude liability for any personal injury or death to the Participant and other people in the care and control of the Participant howsoever caused who signed this form as acknowledgment of the terms and conditions of this agreement. By signing this form you are waiving your rights to sue the Provider for losses relating to personal injury or death. Under the provisions of the Trade Practices Act and Various State Laws conditions are implied into contracts that mean that the Provider of Recreational Services, noted below, is required to ensure that the Recreational Services it sells to you are: rendered with due care and skill, are fit for the purpose for which they are commonly bought as it is reasonable to expect in the circumstances or might reasonably be expected to achieve the result you have made known to the Provider.

Name and address of Provider

Trail Riding Australia Inc, c/o PO Box 911, Gawler, SA, 5118.

The Participant acknowledges that the activity being undertaken is an activity being undertaken for the purposes of recreation, enjoyment or leisure which involves a significant degree of physical risk. The Provider acknowledges that they are providing Recreational Services detailed below which means; providing facilities for participation in a recreational activity, or training a person to participate in a recreational activity, or supervising, adjudicating, guiding or otherwise assisting a person's participation in a recreational activity.

The Participant hereby acknowledges that in attending the recreational activity that there are inherent risks involved to him or her or other people in their care and control. This agreement is directed and limited to inherent risks that are patent. The participants also acknowledges that the purpose of the recreational activity is for the benefit of the Participant and for the benefit of those people attending with the Participant and that at all times the Participant is responsible for his or her own actions and the actions of those other people in his or her care and control.

Description of Recreational Services

Horse trail riding and associated activities conducted under the auspices of "Trail Riding Australia Inc"

Steps taken by Provider to avoid the danger of personal injury or death: fluoro vests, communication link radio/mobile phones, ride coordinator, overseer, drover, heeler, first aid officer, volunteer blue card holders, ride briefings risk assessment strategies in place, pre-riding all trails, completing appropriate documentation, first aid kits human/horse, permits, and riders medical/emergency contact person number, implementing common sense strategies, red ribbons and green ribbons, copy of rules and first aid help sheet, trail riders code of practice.

All activities controlled and undertaken will be conducted under the operating version of TRA's Trail Riding Code of Conduct current version.

The Participant acknowledges that during all times while he or she is attending the recreational activity he or she does so at his or her own risk and the Participant and other people in the care and control of the Participant will not hold the Provider or any of its employees or agents liable for any personal injury or breach of contract whether caused by the negligence of the Provider its employees or agents howsoever caused or otherwise. The Participant acknowledges that in the event that he or she or any of the other people in their care and control find either or any of them is in difficulty, that they are to stop the activity or request that the activity be stopped if appropriate, and seek help and/or assistance and advice.

Declaration and signature

By signing this agreement I understand that the Recreational Services about to be sold to me as set out in this form may cause me and or my dependants personal injury or death. By signing this agreement I understand that I and my dependants waive our rights to sue the Provider for losses relating to me or my dependants personal injury or death that result from any negligence caused by the Provider.

Signature of Participant:

Address:

.....

Printed name: **Parent/Guardian Signature:**

Date:



RIDE RULES

DAYBORO TRAILRIDERS CLUB INC



1. Obey the directions of the Boss, Lead Drover or Heeler. **AT ALL TIMES!**
2. Riders will not move ahead of the Lead Drover without permission.
3. Riders under 16 years of age must be accompanied by an adult who will be responsible for them.
4. Cantering/Galloping horses through riders is forbidden.
5. Always ride with consideration and common sense.
6. All normal road and environmental rules must be obeyed.
7. Stallions or Rigs will not be permitted on rides.
8. Dogs will not be permitted on rides.
9. No Alcohol permitted whilst riding (Drink driving rules apply to horse riding!!).
10. Any rider with a medical condition or health issue must bring it to the attention of organisers prior to ride commencement.
11. All horses known to be, or identified as "kickers" **MUST** wear a red ribbon in their tail or red warning sticker attached to their rump.
12. Riders under 18 must wear a regulation helmet that complies with AS/NZS 3838 or ASTM F1163 and should be less than five years old.
13. It is a recommendation of this club and TRA that helmets are worn by all riders.
14. Bareback riding can be allowed at the discretion of the Boss & Lead Drover.
15. No-one is permitted to leave the ride unless they notify the Boss, Lead Drover and Tail Ender and be accompanied by a club member back to the showground.
16. TRA and The Dayboro Trail Riders have no Personal Accident Insurance.