



LOCKYER EQUESTRIAN GROUP INC.

A.B.N. 22 367 946 053

MEMBERSHIP FORM – 2010

(January 2010 – December 2010)

(Those paying after 1st October 2009 are granted membership for 2010)



Name: _____ EA No. _____ (_____)

Name: _____ EA No. _____ (_____)

Name: _____ EA No. _____ (_____)

Name: _____ EA No. _____ (_____)

Name: _____ EA No. _____ (_____)

(Please indicate names of all members joining or re-joining. EA number is to be included for EA members only.)

(Age ranges, to be included after EA No. not compulsory – (under 18) (18-25) (26-40) (41-55) (over 55).)

Age Range

Address: _____

Postcode: _____

Telephone: _____ Fax: _____ Email: _____

Do you wish to receive your Newsletter via: Email Post

Do you identify with: Aboriginal Torres Strait Islander South Sea Islander

Are you a current blue card holder: Yes No (Please include photocopy of Blue card for club records)

MEMBERSHIP (Write number of members in box where applicable)

Corporate Membership

(Owner of Horses, one nominated rider plus one other rider who must be named on the current entry form. All possible riders must have completed a Membership form.)

A.B.N. must be supplied: _____ \$180.00 _____

Family Membership

(Parents and Children under 18 years - please list names of all family members) \$120.00 _____

Single Membership \$ 60.00 _____

Junior Membership (17 years and under: allows half a vote on any motion) \$ 50.00 _____

Non-Riding Membership \$ 30.00 _____

Joining Fee (new members only, not applicable if renewing membership) \$ 5.00 _____

TOTAL AMOUNT _____

Please make all cheques payable to "Lockyer Equestrian Group Inc"

Return to: The Secretary, Lockyer Equestrian Group, PO Box 49 Marburg Qld 4346

I/We are applying to become a member/members of the Lockyer Equestrian Group Inc. Enclosed is my/our annual subscription.

I/We hereby agree to abide by the Constitution and By-laws of the Lockyer Equestrian Group Inc.

Signatures: _____

Parent/Guardian: (To sign for Junior members only) _____ Date: _____

** Please note that the indemnity form, together with this membership form, **MUST** be completed before your membership will be accepted. **



DANGEROUS ACTIVITY ACKNOWLEDGMENT

Full name of participant (and guardian if under 18 years)

.....
.....

Address

.....

State..... Post Code Date of Birth

Name of Club/Organisation: **Lockyer Equestrian Group Inc.**

Address of Event/Activity: **All Lockyer Equestrian Group Inc. Activities 2010**

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

There is a significant risk that serious **INJURY** or **DEATH** may result from horse sport activities.

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 any horse sports 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 a helmet at all times whilst participating in a sport where this is required under the relevant EA and FEI rules and regulations.

I have had sufficient opportunity to read this Dangerous Activity Acknowledgement and fully understand its terms and sign it freely and voluntarily.

Dated ___/___/___ Signature of Rider_____

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.

Dated: ___/___/___ Signature of Parent/Guardian_____