



**TONIMBUK EQUESTRIAN CLUB INC.** Affiliated with the EA and HRCVA

Membership Application Form - 1<sup>st</sup> November 2011 to 31<sup>st</sup> October 2012

**ANNUAL FEES**

**Junior Membership 10 years – 15 years**

**Senior membership – 16 years onwards (can also join HRCVA if required)**

**YEARLY: Single \$90.00 or Family \$140.00**

Family membership applies to single or two parent families with one or more children (max 3).  
Children must be under the age of 18 years and be immediate family members.

**The Committee reserves the right to accept or decline any application.**  
**Annual Disclaimer (attached) must be signed and submitted with this application**

\* each individual family member to complete separate membership form

Total

NAME:.....

ADDRESS: .....

TELEPHONE (AH)..... (MOBILE) .....

EMAIL ADDRESS ..... (REQUIRED)

SIGNATURE..... DATE.....

**MEMBER MEDICAL DETAILS:**

EMERGENCY NAME & CONTACT NUMBER .....

DOCTOR'S NAME & NUMBER.....

ANY ALLERGIES OR RELEVANT HEALTH DETAILS? .....

VET'S NAME & NUMBER .....

**\*\*\*NEW HRCVA MEMBERS PLEASE NOTE\*\*\***

*A C5 (229 X 162 mm) sized STAMPED (\$1.65) SELF ADDRESSED ENVELOPE FOR RETURN OF NEW HRCVA MEMBERSHIP CARD!*

**Renewing HRCVA members need to send a stamped self addressed business size envelope with their card.**

ARE YOU AN EXISTING HRCVA MEMBER ?      YES      NO      HRCVA MEMBERSHIP NUMBER.....

**IF YES PLEASE COMPLETE THE FOLLOWING AND RETURN WITH PAYMENT OF THE APPROPRIATE FEE**

<b>TEC MEMBERSHIP</b>	<b>INDIVIDUAL \$90.00 or FAMILY \$140.00</b>	
<b>HRCVA LEVY (compulsory)</b>		<b>\$46.15</b>
<b>HRCVA INSURANCE (compulsory)</b>	<b>Senior - \$43.85 or Junior \$20.75</b>	
<b>CHAFF CHAT (optional)</b>	<b>Full Year \$48.00 – Pro Rata from January 2012 - \$4.00 per issue</b>	
	<b>Sub Total</b>	
	<b>Total including Membership Fee</b>	

PLEASE SEND HRCVA CARD WITH MEMBERSHIP FORM FOR RESTAMPING.

ENQUIRIES: **KIM MOUSER 0412188120** OR (HRCVA ENQUIRIES) **KELLY MILLER 0403231260**

PLEASE MAKE CHEQUES PAYABLE TO:

**Tonimbuk Equestrian Club Inc.  
195 Tonimbuk Road, Bunyip North 3815**

BANKING DETAILS FOR DIRECT DEPOSIT

**Tonimbuk Equestrian Club Inc (NAB)  
BSB 083-827  
Account 87-070-7632**

**WHATEVER YOUR PAYMENT OPTION YOU NEED TO POST OR EMAIL  
COMPLETED MEMBERSHIP FORM TO THE ABOVE ADDRESS WITH COPY OF PAYMENT (EFT).**



## TONIMBUK EQUESTRIAN CLUB INC.

ANNUAL LIABILITY WAIVER FORM  
1<sup>st</sup> NOVEMBER 2011 TO 31<sup>st</sup> OCTOBER 2012  
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 Providers 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 PROVIDERS:

TONIMBUK EQUESTRIAN CLUB INC., TONIMBUK EQUESTRIAN CENTRE PTY LTD, 195 Tonimbuk Road, Bunyip North VIC 3815

The Participant acknowledges that any 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 Providers 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 any 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 these recreational activities are 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 riding including arena instruction, cross country and general riding and the provision of riding facilities

### STEPS TAKEN BY TONIMBUK EQUESTRIAN CENTRE TO AVOID THE DANGER OF PERSONAL INJURY OR DEATH:

[Site induction, staff participant ratio compliant with the Industry Standard, adherence to industry code of practice, emergency procedures in place; contingency plans in place for emergencies; qualified first aid personnel available, communication procedures in place.](#)

The Participant acknowledges that during all times while he or she is attending any recreational activity he or she does so at his or her own risk and that 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 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.

SIGNATURE OF PARTICIPANT

PRINTED NAME

DATE

ADDRESS



# TONIMBUK EQUESTRIAN CLUB INC.

## CONFIDENTIAL RIDING APPLICATION AND MEDICAL HISTORY FORM.

NAME: .....(RIDER). AGE: .....(if under 18); OVER 18  (check box)

CONTACT PHONE NUMBERS: .....

I am applying to ride at the **Tonimbuk Equestrian Centre** with the **Tonimbuk Equestrian Club Inc** and I agree to the following:

- I will only ride the horse in a safe and controlled manner.
- I will wear an Australian Standard Approved helmet and the correct footwear at all times.
- I will read and follow all signs on the property and follow all instructions.
- The Instructor may cancel my ride without refunding any fee if I do not comply with any of these terms and conditions

The following information is intended to assist the Tonimbuk Equestrian Club Inc in case of any emergency with you/your child.

### NAME AND TELEPHONE NUMBERS OF CONTACT PEOPLE

EMERGENCY CONTACT NAME	RELATIONSHIP TO RIDER	HOME	WORK	MOBILE
*To be completed by parent or guardian if rider is under 18	eg. Mother (full Name)			

### DO YOU (OR YOUR CHILD) SUFFER FROM ANY OF THE FOLLOWING?

**PLEASE CIRCLE:** Any pre-existing medical or other condition that may affect or risk other persons or myself.

Asthma, Diabetes, Epilepsy / Fits, Fainting / Dizziness, Blackouts / Migraines, Disability, Heart / Blood Condition, Allergic Reactions, Pregnancy, Uneven Pupils, Recent Injuries, Medications,

Other.....

### ALLERGIES

Describe:.....

### MEDICATION

Is it necessary for you or your child to carry their own medication at all times.

DRUG NAME: ..... DOSAGE..... FREQUENCY.....

### CONSENT TO MEDICAL ATTENTION

I authorize the instructor in charge to administer first aid and call an ambulance if necessary for the medical attention of my child. I agree to bear any cost thereby incurred.

### SIGNATURE OF

RIDER/PARENT/GUARDIAN:..... DATE:.....

NAME OF RIDER/PARENT/GUARDIAN: .....

### Privacy Statement – Privacy Act 1998

By completing this form you are supplying the Tonimbuk Equestrian Club Inc with personal information about yourself. This information is needed to ensure your safety during your time with us. Tonimbuk Equestrian Club Inc is required to collect this information by our insurance company and by the department of Workplace Health and Safety. This information you provide will not be supplied to any other organisation or used for any other purpose than that which is stated above.