

**Gunalda & Districts  
Western Performance Club Inc.**

**Membership Nomination Form**

**2017 / 2018**

**PROPOSER**

Lynda Hicks (President)

Signature.....(Date)..../..../....

**SECONDER**

Renee Crang (Secretary)

Signature..... (Date).... /.... /....

**Cost of Membership 1/8/2017 to 1/8/2018**

Family Membership;- \$50, 2 adults and children under 18

Single Membership: - \$35.00

Youth (Leadline & Walk/Jog ) - \$15

Non Riding/Social Membership : - \$10

Current Nominated Stallion Owner : - Free

Please return to:

**GDWPC- P.O.Box 970, Cooroy Qld 4563 or  
email to [secretary@gdpcinc.com](mailto:secretary@gdpcinc.com)**

Payment can be made by cash, cheque or direct deposit to:

Gunalda & Districts Western Performance Club Inc.

Commonwealth Bank, Gympie BSB 064 416 A/C No. 10009858

**OFFICE USE ONLY.**

Amount Paid:-\$..... Cash / Cheque / DD

Signed..... Secretary / Treasurer.

Dated .....

Receipt # .....



**Gunalda & Districts Western Performance Club Inc.**

ABN 89 794 264 436

[www.gdwpcinc.com](http://www.gdwpcinc.com)



## Member Acknowledgement 2017/2018

### HORSE RIDING AND PARTICIPATION IN HORSE RELATED ACTIVITY IS DANGEROUS

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

Horse riding and participation in horse related activities is/are dangerous recreational activities and horses and cattle 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 participating in horse related competition or activities.

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 any horse activity.

I agree to abide by the Rules & Regulations of the Australian Quarter Horse Association and (**GDWPC Inc.**), its Affiliated clubs and/or management/organizer of the activities and that I will follow all directions of the management/organizer of the activities. My failure or refusal to do so can result in **my immediate disqualification** from the activities and the forfeiting of all fees paid in relation to the activities. I understand that any such non compliance may result in injury, death and/or permanent disability.

I agree to wear a helmet of the currently approved Australian standard in all activities where the Rules & Regulations governing the activity require the wearing of a helmet, I am solely responsible for ensuring that I wear a suitable helmet correctly when required and take sole responsibility for my actions.

#### Horse Experience - Not limited to riding: (tick where appropriate)

Very experienced participant/competitor  Novice participant/competitor  Never participated/competed

I understand that the Australian Quarter Horse Association and (**GDWPC Inc.**), its Affiliated clubs and/or the Management/organizer takes due care to ensure that the venues chosen are safe and suitable, any equipment provided for the purpose of such activities is maintained in good condition and the Association's/management/organizer's staff are appropriately trained.

I further confirm I am in good health and do not suffer from any disability which will affect my ability to participate. I have had sufficient opportunity to read this document, fully understand its terms and sign it freely and voluntarily without inducement of any kind.

Name (Please Print)

Dated

.....

.....

.....

.....

I(Name).....  
(Address).....  
(Town/City).....  
(State).....(Postcode).....  
Phone.....Mobile.....  
Email.....  
DOB.....

.Breed Association M/ship No. ....

Additional Member.....DOB.....No.....  
Additional Member.....DOB.....No.....  
Additional Member.....DOB.....No.....  
Additional Member.....DOB.....No.....

Please tick appropriate box

Family Membership  Single Membership   
Youth (Lead line.Walk/Jog)  Non showing/Social Membership   
Nominated Stallion Owner( Free)

I accept the nomination for the Gunalda & Districts Western Performance Club Inc, and agree to abide by rules and regulations set out by the constitution of the club.

Signature.....(Date)...../...../.....

Contact in Case of Emergency.....

Ph. No. ....

Known medical conditions....yes/no (if yes, please list)

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.....

I will be available to help at shows Yes / No

**Have you completed the Member Acknowledgement form??  
You need to sign this as well**

