



APPLICATION FOR MEMBERSHIP

I, _____
 of _____
(insert APPLICANT'S residential or postal address -required under section 27 of the Associations Incorporation Act (1987))

PHONE: _____ MOBILE: _____

EMAIL: _____ DATE of BIRTH: (Youth Member) _____

PHAA membership #: _____

AMATEUR OWNER: YES / NO (please circle)

I/ we hereby apply to become a member of the above Association. If my application is accepted, I agree to be bound by the rules of the Association.

Signature:..... Date:.....

Rule 5(2) "A person who wishes to become a member must be proposed by one **member** and seconded by a **committee member**."

PROPOSED
 Name _____
 Signature _____
 Date _____

SECONDED
 Name _____
 Signature _____
 Date _____

FULL Membership: \$75

YOUTH Membership: \$30

FAMILY Membership: \$170
 (2 Adults and 2 Youth)

Adult 1 Name: _____ Adult 2 Name: _____

Youth 1 Name: _____ DOB: _____ Youth 2 Name: _____ DOB: _____

Constituent: \$100

EFT Details (use last name as a ref.) BSB: 036 079 ACC: 411738 WA PAINT HORSE ASSOC.

Youth members at selected **WAPHA shows, show free in youth classes only**, excludes ground fees payable. Youth is up to 18 years. www.wapha.com.au Facebook WAPHA

----- *Applicants to detach and keep* -----

INFORMATION for APPLICANTS

- If your application is accepted, your name and address, as provided above, **must** be recorded in a register of members and be made available to other members, upon request, under section 27 of the *Associations Incorporation Act*.
- If the obligations under the *Associations Incorporation Act* are not complied with the Association can be wound up.
- You can contact the Association at.....WAPHA.Committee@outlook.com.....
- You can access or correct personal information (your name and address) by contacting the Association as indicated above.

OTHER INFORMATION

- If your application is accepted you are entitled to inspect and make a copy of the register of members under section 27 of the *Associations Incorporation Act*.
- If your application is accepted you are entitled to inspect and make a copy of the rules (constitution) of the association under section 28 of the *Associations Incorporation Act*.

If your application for membership is rejected by the Committee: You may give notice of your intention to appeal within 14 days of being advised of the rejection (rule 5(4)). The Association in a general meeting, no later than the next annual general meeting, must confirm or set aside the decision of the Committee rejecting your application, after giving you a reasonable opportunity to be heard or to make written representations to the general meeting (rule 5(5)).



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

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 WAPHA Inc. acknowledges that they are providing Recreational Service detailed below which means; providing facilities for participation in a recreational activity

It is a condition of participating the Event/Function that the WAPHA Inc. and any person or body directly or indirectly associated with the Event/Function are absolved from all liability however arising for injury or damage to myself or my property howsoever caused arising out of participation in the Event/Function whatsoever whether due to any negligent act, breach of duty, default and/or omission on the part of the WAPHA Inc. and any person or body directly or indirectly associated with the Event/Function, or otherwise.

1. I understand and acknowledge that all aspects of handling , working with and in the vicinity of and riding horses is a dangerous activity and that horses can act in a sudden and unpredictable manner at any time.
2. I acknowledge that any person participating in the Event/Function is only allowed to do so on the distinct understanding that they do so at their risk.
3. I acknowledge that participating in the Event/Function may involve a real risk of serious injury or even death from various causes. I accept all risks necessarily flowing from participating in the Event/Function.
4. I acknowledge that the WAPHA Inc. relies on the information provided by me and state that all such information is accurate and complete.
5. I acknowledge the difficulties of participating in the Event/Function and warrant that I am physically fit to participate in the Event/Function and that I have not been advised otherwise by a qualified medical practitioner. I acknowledge that I must disclose any pre-existing medical or other condition that may affect the risk that either myself, or any other person will suffer injury, loss or damage.
6. I acknowledge that it is a condition of participating in the Event/Function that I follow the instructions of the WAPHA Inc. and any person directly or indirectly associated with the Event/Function at all times. I indemnify and keep indemnified the WAPHA Inc. and any person or body directly or indirectly associated with the Event/Function from all claims, demands and proceedings arising out of or connected with a failure by me to comply with rules and/or directions given to me by the WAPHA Inc. and any person or body directly or indirectly associated with the Event/Function.
7. I indemnify and keep indemnified the WAPHA Inc. and any person or body directly or indirectly associated with the Event/Function against all claims made by any other person for injury or damage howsoever caused arising out of participation in the Event/Function, whether due to any negligent act, breach of duty, default and/or omission on the part of the WAPHA Inc. and any person or body directly or indirectly associated with the Event/Function, or otherwise.

I ACKNOWLEDGE THAT I HAVE READ THIS FORM OR THAT IT HAS BEEN EXPLAINED TO ME. I FULLY UNDERSTAND ITS TERMS AND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I HAVE SIGNED THE DOCUMENT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

Signature..... Date.....

Print name in full:.....

Signature of Parent or Guardian (if under 18).....Date.....