



South Eastern Standardbred Riding Group Inc.

Promoting Standardbreds for ALL Disciplines

Full Name: MR/MRS/MS _____

Postal Address: Street _____
 Suburb _____ Post Code _____

Telephone No. (BH) _____ (AH) _____ (Mob) _____

E-Mail: _____

Date of Birth: Optional _____

Membership Type	Social \$38.00	Junior \$82.40	Senor \$100	Chaff Chat \$38.40 per year
Please Tick				
HRC AV Number (if already a member)				

All Memberships are inclusive of membership to and insurance by the Horse Riding Clubs Association of Victoria Inc as well as annual membership to the South Eastern Standardbred Riding Group. Members may compete in any official HRC AV competition as a member of the Standardbred Riding Group Inc.

*All Fees are per member, per year, pro-rata to 31st October each year. Please make cheques payable to **SE Standardbred Riding Group**. Memberships can also be paid by direct deposit into the Club Bank account, **Account Name: SE Standardbred Riding Group, Account #: 135-242-162, BSB #: 633-000.***

I acknowledge that I accept the terms and conditions of the Standardbred Riding Group and that I will at all times uphold the club's values and objectives at all official club activities. I also acknowledge that I will show the utmost respect for all horses and be safety conscious at all times.

Signed: _____ Dated: _____

Family Members please complete one form per person

**Please return Completed forms to
SE SRG Secretary Corinne Davenport
113 Smiths Lane
Pearcedale VIC 3912**

Office Use:

Approval Date: _____ HRC AV Member No: _____ Assessed Level _____ Fees Paid: _____

Comments: _____

Emergency Contact Details

Full Name: MR/MRS/MS _____

Postal Address: Street _____

Suburb _____ Post Code _____

Telephone No. (BH) _____ (AH) _____ (Mob) _____

Allergies/Medical Issues: _____

Ambulance / Health Insurance details _____

Horse Details

Horse Details: (Please list your horse's name (including competition name), gender, breed, brands and year of foal) _____

Address of horse: _____

Rider Details

Riding Level: 1 2 3 4 5

 Advanced Intermediate Novice

HRC AV Level: (Last level competed at, if applicable.) _____

Riding Interests: ▶ Dressage ▶ Combined Training

 ▶ Show Jumping ▶ Horse Trials

 ▶ Navigation Rides ▶ Showing

 ▶ Other _____

The Standardbred Riding Group Survey

Please tell us how you heard about The Standardbred Riding Group Inc.

- ▶ From a friend
- ▶ In the Newspaper
- ▶ On the Internet
- ▶ Other _____

Please tell us how you would prefer to be notified about club events

- ▶ Use my Postal Address
- ▶ Use my E-mail Address



**HORSE RIDING CLUBS ASSOCIATION
OF VICTORIA INC.
ANNUAL MEMBERSHIP DISCLAIMER STATEMENT**

CLUB: _____

MEMBERS NAME: _____

The term EVENT(s) referred to below, means any horse related activity specified in the HRCav's insurance policy, being undertaken at any time, and at any venue within Australia, from the date stated below to the 31st October, 2010.

I acknowledge and agree as a condition of participating that neither the club participants, HRCav or any subdivisions thereof, officials, volunteers, medical personnel, any persons, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENT(S), shall be under any liability for my death or any bodily injury, loss or damage which may be sustained or incurred by me, as a result of participation in or being present at the event(s), except in regard to any rights I may have arising under the Trade Practices Act 1974.

I acknowledge that equestrian activities are dangerous and that accidents causing death, bodily injury, disability and property damage, can, and do happen.

I understand that, due to diseases such as equine influenza, government bodies may restrict or prevent the movement of horses, vehicles and personnel for a period of time ('standstill'). I acknowledge and agree that a standstill is a risk of participation in the event/activity and agree that I will pay any costs incurred by the organising committee for or on behalf of my horses as a result of a standstill.

BY SIGNING HEREUNDER I CONFIRM HAVING READ AND UNDERSTOOD THE CONTENTS OF THIS DISCLAIMER.

Print Name Here

Sign Here

Dated

PARENT/GUARDIAN CONSENT FOR UNDER 18 YEARS OLD PARTICIPANTS

I, _____ being the parent/guardian of the abovenamed, _____, confirm that I have read the whole of this document and have taken all necessary actions to ensure I am aware of the activity which the abovenamed, will be asked to participate in and consent to him/her participating. In doing so, I acknowledge that equestrian activities are dangerous and that accidents causing death, bodily injury; disability and property damage can and do happen. I agree that neither the club, participants, HRCav or any subdivisions thereof, officials, volunteers, medical personnel, any persons promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENT(S) shall be under any liability whatsoever for the death or any bodily injury, loss or damage which may be suffered or incurred by the abovenamed or by me in or being present at the Event except for any rights the abovenamed or I may have arising under the Trade Practices Act 1974 (Cth) (or similar State legislation). I understand that, due to diseases such as equine influenza, government bodies may restrict or prevent the movement of horses, vehicles and personnel for a period of time ('standstill'). I acknowledge and agree that a standstill is a risk of participation in the event/activity and agree that I will pay any costs incurred by the organising committee for or on behalf of my horses as a result of a standstill.

By signing hereunder I confirm having read and understood the contents of this disclaimer.

..... NAME

(BLOCK LETTERS)

SIGNED

DATED THIS DAY OF 200.....

A-G-20