



Downs Arabian Club Inc.
536 Marburg Road
GLAMORGAN VALE 4306

Membership Application

New Renewal Single (\$15) Family (\$25)

Membership Year: 1 January to 31 December 2021

Name: (Mr/Mrs/Miss/Ms) _____

Stud Name: _____

Postal Address: _____

Telephone: _____ Mobile: _____

Email: _____

AHSA Membership No: _____

I/we hereby apply for membership/renewal of membership of the Downs Arabian Club Inc. If accepted I/we agree that during the period of my membership, to abide by the rules of the Association.

I enclose a cheque/money order made payable to Downs Arabian Club Inc. for the amount of \$_____. Alternatively, money can be direct deposited into the club account. Details are as follows: **BSB 638-060 Account 5003423**

Signature: _____ Date: _____

Please list names for Family Membership:

Name	Date of Birth (if under 18)
_____	_____
_____	_____
_____	_____
_____	_____



Please Complete - DACI Members (New/Renewal)

Release and Waiver of Liability

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

Horse sports are a dangerous 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 an approved helmet at all times whilst participating in the sport where this is required under the relevant AHSA rules and regulations.

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

I have read and agree to the "Waiver of Liability" above.

FOR PARTICIPANTS OF MINORITY AGE (Under 18 Years)

This is to certify that I, as a parent/guardian with legal responsibility for this participant acknowledge, understand and accept the Waiver of Liability above and consent and agree to my minor child's involvement or participation in Horse sport activities.

I Accept the Terms & Conditions

Members Name(s)

Membership Number

Signatory(ies) for Membership

Date

Signatory(ies) for Membership

Date