

# Pony Club Association of Western Australia Inc



## 'NON MEMBER ANNUAL INSURANCE FEE'

Title: \_\_\_\_\_

Full Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Gender: \_\_\_\_\_

PostalAddress: \_\_\_\_\_

\_\_\_\_\_

Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

Email: \_\_\_\_\_

### PLEASE CIRCLE THE DISCIPLINES YOU ARE INTERESTED IN:

DRESSAGE   EVENTING   SHOW HORSE   SHOWJUMPING   GAMES   ALL ROUNDER

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### Emergency Contact Details:

Full Name: \_\_\_\_\_

PostalAddress: \_\_\_\_\_

\_\_\_\_\_

Mobile: \_\_\_\_\_ Home: \_\_\_\_\_

\_\_\_\_\_

### **Description**

*The 'Non Member Annual Insurance Fee' is an alternate option to the existing Day Membership Fee of \$10 per event. This is a once of payment that will cover you to only ride at open pony Club Events for the year. You will be issued with a membership card that will contain you Membership Number.*

**Please forward you're Payment of \$40.00 along with this form and PCAWA Disclaimer form to: PCAWA, 303 Cathedral Ave, BRIGADOON WA 6069**

# PONY CLUB ASSOCIATION OF WESTERN AUSTRALIA INC (PCAWA)



## PCAWA DISCLAIMER STATEMENT

CLUB NAME: .....

CLUB ADDRESS: .....

I acknowledge and agree as a condition of participating in any PC or PCAWA event that neither the Club/Coach, participants, PCAWA or any subdivision thereof, officials, volunteers, medical personnel, any persons, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENTS, 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, except in regard to any rights I may have arising under the Trade Practices Act 1974 (Cth) (or similar State legislation).

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

BY SIGNING HEREUNDER I CONFIRM HAVING READ AND UNDERSTOOD THE CONTENTS OF THIS DISCLAIMER. I ACKNOWLEDGE THAT THIS DISCLAIMER IS VALID FOR ALL AUTHORISED CLUB, ZONE AND STATE PCAWA EVENTS THAT I ATTEND WITHIN THE TWELVE MONTH PERIOD INCLUSIVE OF AND FOLLOWING THE DATE I HAVE SIGNED THIS FORM.

**Print Name Here**

**Sign Here**

**Dated**

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### PARENT/GUARDIAN CONSENT FOR UNDER 18 YEAR 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/coach, participants, PCAWA or any subdivision 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 any PC or PCAWA EVENTS except for any rights the abovenamed or I may have arising under the Trade Practices Act 1974 (Cth) (or similar State legislation).

BY SIGNING HEREUNDER I CONFIRM HAVING READ AND UNDERSTOOD THE CONTENTS OF THIS DISCLAIMER. I ACKNOWLEDGE THAT THIS DISCLAIMER IS VALID FOR ALL AUTHORISED CLUB, ZONE AND STATE PCAWA EVENTS THAT I AND MY DEPENDANT ABOVE NAMED ATTEND WITHIN THE TWELVE MONTH PERIOD INCLUSIVE OF AND FOLLOWING THE DATE I HAVE SIGNED THIS FORM.

.....  
NAME (BLOCK LETTERS)

.....  
SIGNED

DATED THIS ..... DAY OF ..... 2 \_\_\_\_\_