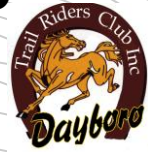


DAYBORO TRAILRIDERS CLUB INC

PO Box 128, Dayboro 4521

ABN: 62 556 298 632

www.dayborotrailriders.com.au



Selwyn Barr (President)
Ph: 3425 1165

Kayleen Giles (Secretary)
Ph: 3425 1650

Christie Hopp (Treasurer)
Ph: 3425 3243

Membership 2010

Please tick

| | | |
|--------------------------|---------------|--------------------------------------|
| <input type="checkbox"/> | ADULT | \$55.00 (16 years & over) |
| <input type="checkbox"/> | JUNIOR | \$50.00 (under 16 years) |

Surname

Christian Names

Address

Date of Birth/...../.....

Telephone

Email Address

Mobile

Declaration and signature

- *I wish to apply for Membership of the Dayboro Trailriders Club Inc.*
- *I agree to abide by the ATHRA Code of Conduct and the Club's Standing Rules.*
- *By signing this form I understand that the Recreational Services about to be sold to me as set out in the liability waiver form (see overleaf) may cause me and or my dependants personal injury or death. By signing this agreement I understand that I and my dependants waive our rights to sue the Provider for losses relating to my and or my dependants personal injury or death that result from any negligence caused by the Provider.*

Signed: Date

Signed: Date
(Parent or Guardian Signature if under 18 years)

Riders under 18 must wear a regulation helmet that complies with AS/NZS 3838:1998 En 1384 or ASTM F 1163, and should be less than five years old. When buying a helmet check date of manufacture, as this is the date used to determine age of helmet.

PLEASE COMPLETE THE REVERSE OF THIS FORM

Are you of Aboriginal or Torres Strait descent? Yes/No (this is optional)

Do you have a volunteer Blue Card for working with children? Yes/No

Do you have a First Aid Certificate? Yes / No Date it expires.....

Medical Information

Do you suffer from any illness or condition which should be brought to the attention of the club?

No / Yes – please describe

Do you suffer from any illness or condition which needs to be advised to Emergency First Aiders, Ambulance Officers or other Medical Personnel should they be required to come to your aid?

No / Yes – please describe

Please supply the name, address & telephone number of your doctor or medical centre:

.....
.....
.....

Please provide the name & telephone number of the person (relative/friend) that you would like us to contact in case of an emergency?

Name:

Tel No:

**** Medical information will be kept confidential. The club would like to have it on hand should an accident or medical emergency arise, in which case the appropriate people can be contacted & any important information passed on.**



RISK WARNING SIGN

Exclusion of Right to Sue

These Conditions Affect Your Legal Rights

PLEASE READ CAREFULLY

1. **Dayboro Trail Riders Club Inc** their employees and agents shall have no liability whatsoever caused to **YOU** or any dependant for personal injury or death suffered by **YOU** or any dependant arising in any way whatsoever from the supply by **Dayboro Trail Riders Club Inc** of recreational services, including but not limited to trail riding, work bees, educational events, special events, BBQ's, picnics and so on.
2. **YOU** acknowledge that Recreational Services are dangerous activities with many inherent risks as a result of which personal injury (and some times death) are common. **YOU** by your participation in such recreational activities accept all risks of personal injury or death in any way whatsoever arising from your participation in such recreational activities and **YOU** and any dependants release and forever discharge Dayboro Trail Riders Club Inc and its employees and agents from all and any liability and claims arising from the supply of the Recreational Services.

NOTICE dated: December 2009

Selwyn Barr President
Dayboro Trail Riders Club Inc

Authorised by Australian Trail Horse Riders Association

LIABILITY WAIVER FORM
EXCLUSION OF CERTAIN RIGHTS TO SUE



The purpose of this agreement is to exclude the liability of the Provider for any personal injury or death to the Participant and other people in the care and control of the Participant howsoever caused, who signed this form as acknowledgment of the terms and conditions of this agreement. By signing this form you are waiving your rights to sue the Provider for losses relating to personal injury or death arising from the provision of Recreational Services to you and your participation in the event, activity or competition (hereinafter referred to as "the recreational activity"). Under the provisions of the Trade Practices Act and Various State Laws conditions are implied into contracts that mean that the Provider of Recreational Services, noted below, is required to ensure that the Recreational Services it provides to you are rendered with due care and skill, are fit for the purpose for which they are commonly bought as it is reasonable to expect in the circumstances or might reasonably be expected to achieve the result you have made known to the Provider.

Australian Trail Horse Riders Association, c/- PO Box 112, Helensburgh, NSW, 2508

The Participant acknowledges that the recreational activity being undertaken is an activity being undertaken for the purposes of recreation, enjoyment or leisure that involves a significant degree of physical risk. The Provider acknowledges that they are providing the Recreational Services detailed below. This may entail providing facilities for participation in a recreational activity, or training a person to participate in a recreational activity, or supervising, adjudicating, guiding or otherwise assisting a person's participation in a recreational activity. The Participant hereby acknowledges that in participating in the recreational activity that there are risks involved to him or her or other people in his or her care and control. The Participant also acknowledges that the purpose of the recreational activity is for the benefit of the Participant and for the benefit of those people in the care and control of the Participant and that at all times the Participant is responsible for his or her own actions and the actions of those other people in his or her care and control.

Description of Recreational Services:

Horse Trail Riding and associated activities conducted under the auspices of Dayboro Trail Riders Club Inc. P.O. Box 128 Dayboro 4521.

Steps taken by Provider to avoid the danger of personal injury or death (NOTE: This list is not intended to be exhaustive. The Provider may have taken other steps not listed, herein, to avoid the danger of personal injury or death.

All activities controlled & undertaken by "Dayboro Trail Riders Club Inc" will be conducted & operated under the current version of ATHRA's CODE OF CONDUCT & the Club Rules both brought to the attention of all riders prior to the commencement of ride; Riders will be informed of club rules prior to the commencement of the ride; Trail Boss, Tail Boss & Stewards identified by wearing highly visible vests & equipped with UHF radios/mobile phones; Accreditation & other training as required; First Aid kit carried on all rides; Qualified First Aid personal identified; Saddlebag size emergency/First Aid cards available to members; All known kickers identified with red ribbon or sticker attached at rear of horse; an attendance sheet of all riders & any health issues prepared prior to ride.

The Participant acknowledges that during all times while he or she is participating in the recreational activity he or she does so at his or her own risk. The Participant and other people in the care and control of the Participant will not hold the Provider or any of its employees or agents liable for any personal injury or breach of contract whether caused by the negligence of the Provider its employees or agents howsoever caused or otherwise. The Participant acknowledges that in the event that he or she or any of the other people in his or her care and control find either or any of them is in difficulty during participation in the recreational activity, that he or she are to stop the activity or request that the activity be stopped if appropriate, and seek help and/or assistance and advice.

Declaration and signature:

By signing this agreement I understand that the Recreational Services about to be sold to me as set out in this form may result in personal injury or death to me or the persons in my care and control. By signing this agreement I understand that I am waiving my rights and the rights of the persons in my care and control, to sue the Provider for losses relating to personal injury or death to me or to the persons in my care and control, which are sustained as a result of my participation in the recreational activity, whether caused by the negligence of the Provider its employees or agents howsoever caused or otherwise.

Signature of Participant:..... **Your Address:**.....

Printed Name.....

Date.....

DAYBORO TRAIL RIDERS CLUB INC RIDE RULES



- 1 Obey the directions of the Trail Boss or Lead Rider. **AT ALL TIMES!**
- 2 Riders will not move ahead of the trail boss without permission.
- 3 Riders under 16 years of age must be accompanied by an adult who will be responsible for them.
- 4 Cantering/Galloping horses through riders is forbidden.
- 5 Always ride with consideration and common sense.
- 6 All normal road and environmental rules must be obeyed.
- 7 Stallions or Rigs will not be permitted on rides.
- 8 Dogs will not be permitted on rides.
- 9 No Alcohol permitted whilst riding (Drink driving rules apply to horse riding!!)
- 10 Junior Riders being lead may only ride for one hour & then must return to base.
- 11 Any rider with a medical condition or health issue must bring it to the attention of organisers prior to ride commencement.
- 12 All horses known to be, or identified as "kickers" **MUST** wear a red ribbon in their tail or red warning sticker attached to their rump.
- 13 Riders under 18 must wear a regulation helmet that complies with AS/NZS 3838:1998 En 1384 or ASTM F 1163, and should be less than five years old.

***FOLLOW THE RULES SO EVERYONE CAN HAVE
A SAFE AND ENJOYABLE RIDE!***