

# MEMBERSHIP APPLICATION FORM

Name of Affiliate: **SHOW HORSE COUNCIL OF VICTORIA ABN : 36532145659**  
(Affiliate of "THE SHOW HORSE COUNCIL OF AUSTRALASIA Inc.", ABN 51 590 953 920)  
[www.showhorsecouncilaust.com.au](http://www.showhorsecouncilaust.com.au)

Postal Address Of Affiliate : **P O Box 5374, CRANBOURNE, VIC, 3977**  
(Please include a stamped, self addressed envelope with your renewal)

Contact: Secretary – Nicole Morrison Ph: 0488 791 060 E: [shcv@equus.com.au](mailto:shcv@equus.com.au)

## PERSONAL DETAILS AND DECLARATION

PLEASE PRINT CLEARLY

I, \_\_\_\_\_ of \_\_\_\_\_  
(NAME) (ADDRESS) Post Code \_\_\_\_\_

Phone : \_\_\_\_\_ Mobile: \_\_\_\_\_

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

I Hereby apply for membership of the above Association. In the event of my admission as a member of the Association, I acknowledge membership of The Show Horse Council Of Australasia Inc. (S.H.C.) through Affiliation and I agree to be bound by THE RULES, for the time being in force, of both the Association and the Council. I declare, in making this application, that I do not hold membership with another Affiliated Association.

### Horse Sports are a Dangerous Activity

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

Horse sports are a dangerous recreational 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 knowingly and freely assume all such risks, both known and unknown and I voluntarily PARTICIPATE at my OWN RISK and assume sole responsibility for any injury, death or property damage I may suffer that arises from my participation in horse sport activities.

I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs before and during the activity and I take full responsibility for any injury, loss or damage associated with their consumption. I agree not to drink alcohol or take drugs prohibited by law before or during these 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 these activities and my immediate removal from my horse NO MATTER where that may occur. I understand that any such non-compliance may result in injury, death and/or permanent disability as a result of my failure to comply.

I agree to wear a helmet at all times where required in accordance with the S.H.C. Rules and agree that I am solely responsible for ensuring that I comply with the S.H.C. Rules and take sole responsibility for my actions. I agree that while riding should I have an accident, an ambulance may be called and this will be at my expense.

Do you agree to your details being supplied to selected Sponsors YES / NO

Are you Junior under 17 years of age? IF YES  supply date of birth \_\_\_\_\_ No

If "Yes" one Parent or Guardian of the Applicant must sign below.

Signed: \_\_\_\_\_ (Date) \_\_\_\_\_  
(Signature of Applicant OR IF JUNIOR A PARENT/GUARDIAN TO SIGN)

