



Show Horse Council of Australasia Inc. (ABN 51 590 953 920)
 PO Box 776, Richmond NSW 2753 | members@shca.org.au
www.showhorsecouncilaust.com.au

2019/2020 MEMBERSHIP TRANSFER APPLICATION – SHAL TO SHCA INC .

Please read this application carefully, complete all required details and sign.

Due to the recent transition from SHAL back to Show Horse Council of Australasia Inc. (SHCA Inc.) all SHAL members are required to nominate an affiliate/constituent affiliate to become a member of their nominated affiliated club.

If the Application is on behalf of a minor less than eighteen (18) years of age, then a parent/legal guardian is to sign. Applications are to be forwarded directly to The Show Horse Council of Australasia Inc.

Where a member/competitor is under the age of 18 years at least one parent or legal guardian must be a member of a SHCA Inc.

TRANSFER CONFIRMATION

I, _____ (full name), hereby apply for my existing membership with SHAL to be transferred to an affiliate/constituent affiliate of The Show Horse Council of Australasia Inc. (SHCA Inc.) as nominated below.

If you do not wish to transfer to SHCA Inc. please select 'NO'.

YES

NO

FULL NAME:

MEMBER NUMBER: (if applicable)

STATE:

EMAIL:

MOBILE:

IF A JUNIOR, NAME OF PARENT/LEGAL GUARDIAN MEMBER & MEMBER NUMBER:

PLEASE NOMINATE THE AFFILIATE YOU WISH TO BE A MEMBER OF:

DECLARATION

I hereby apply for membership with my nominated Affiliate of The Show Horse Council of Australasia Incorporated and agree to abide by the rules and regulations of the Committee. I understand and agree that: I am bound by The Show Horse Council of Australasia Incorporated Constitution, By-Laws, Policies, and all relevant procedures (as developed and amended from time to time) including but not limited to the Member Protection Policy and the Social Media Policy made available to me at <https://www.showhorsecouncilaust.com.au>

Horse sports are a dangerous activity and horses can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt. I, the undersigned understand and acknowledge that serious injury or death may result from horse riding activities. Prior to undertaking any such activity, I will ensure I am aware of all the risks involved, including risks associated with any health condition that I have. I agree that I ride at my own risk.

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 your nominated affiliates Rules and agree I am solely responsible for ensuring that I comply with my nominated affiliates, Rules or those of any organisation my nominated affiliate is affiliated with and take sole responsibility for my actions.

I consent to my nominated affiliate, The Show Horse Council of Australasia Inc., its affiliated clubs at SHCA sanctioned events and their commercial partners taking, retaining and reproducing an image or likeness of my and my involvement in the showing of horses. I agree that any such images or likeness may be used by any of these parties in reporting or marketing materials including online publications without any further notice or payment to me or them.

Signed: _____ **Date:** _____
 (Signature of applicant or parent/legal guardian if applicant under 18 years of age)