



**APPLICATION FOR MEMBERSHIP/RENEWAL FROM 1<sup>st</sup> JULY to 30<sup>st</sup> JUNE**

- NEW MEMBER  RENEWAL (please still complete all details)
- Single senior riding membership (18 & over) \$60.00
- Single junior riding member (17 & under) \$35.00
- Trail riding member \$30.00
- Non- riding member \$20.00
- Family – 2 or more riding members (excludes trail riding members) Senior \$55.00  
Junior \$30.00

**UMHA Bank Details**  
Name: Upper Murray Horseman's Assoc  
Bank: Hume Bank  
BSB: 640 000  
A/c No.: 395994516

Total amount paid   Cash  Cheque/Money Order  Direct Deposit/EFT

I  Birth date   
(Full name of applicant) (If under 18 years)

o   
f   
(Address) (Postcode)

Phone Home:  Mobile:  Email

Emergency contact name  Phone

Medical conditions/allergies: No  | Yes  | If yes  Ambulance cover:  N  Y

hereby apply for membership/renewal of the Upper Murray Horseman’s Association Inc. for the 2017/2018 membership year. In the event of my membership/renewal acceptance, I agree to be bound by the rules of the association for the time being in force.

**DISCLAIMER FORM**

Neither the Upper Murray Horseman’s Association Inc. or anyone acting on behalf of the Upper Murray Horseman’s Association accept liability for any loss, damage, accident, injury, illness or death to horses, riders, owners, spectators or any other persons or property whatsoever.

I ride at my own risk and am aware that the activities involving horses can be hazardous and that the organisers/hosts accept no responsibility or liability for any injury I might sustain as a direct or indirect consequence of the activities of the event, whether such injury is a consequence of any act or omission by the organisers or instructor.

I release the organisers/host and its assigns to the full extent permitted by law from all claims, costs, damages, liabilities and losses arising from any accident, injury or death to any person, horse or property damage sustained by rider/spectator during the event.

I indemnify the organisers/host from and against all claim, proceedings, costs, damages, liabilities and losses arising from any standstill, disease outbreak, accident, injury or death to any person, horse or property damage sustained and caused or contributed by the rider/spectator during the event

Current approved riding helmets are to be worn and be fastened whilst competing and actively training. Tack must be in good working order and appropriate footwear must be worn at all times.

Current approved riding helmets are to be worn and be fastened by riders under 17yrs whilst on their horses during trail ride events.

I understand that this is a fundamental condition to our agreement to participate in any UMHA event.

I understand that while participating as a rider/ spectator, I am not covered by personal rider insurance cover.

Trail riding membership only covers trail rides. If you wish to compete in any other UMHA event, you MUST be either a full riding member or pay Day Membership for the event.

Members 17 years and under are not eligible to vote at any UMHA meetings.

Ribbon Codes are to be attached to horses tails if: Stallion – yellow, Kickers – Red, Green horse/rider – Green

From time to time photographs may be taken to be used in Upper Murray Horseman’s Association promotional material.

Please tick this box if you do not give permission for you or any members indicated on this form to have your/their photographs used in this way.

From time to time sponsors may offer discount to members of Upper Murray Horseman’s Association. To enable members to obtain this discount we supply a list of all members (names only) to the applicable sponsor. The names will not be used for any marketing purposes.

Please tick this box if you do not give permission for you or any members indicated on this form to have your/their names supplied to any sponsor.

Signature/s of applicant or guardian if under 18years	Name of Guardian (if applicable)	Date

(Complete for new members only)

I,  being a current member of the association,  
(Full name of current member)

nominate the **new applicant above**, who is personally known to me, for membership of our association.

(Signature of current member)	Date

**OFFICE USE ONLY:**

Payment received on ...../...../.....	<input type="checkbox"/> Passed by committee	<input type="checkbox"/> Postal List – if applicable
passed to Treasurer on ...../...../.....	<input type="checkbox"/> Membership List	<input type="checkbox"/> New member pack sent – if applicable
	<input type="checkbox"/> Email Distribution list – if applicable	<input type="checkbox"/>