



Registration No: A0054385U

Memberships: Melisse Robinson
PO Box 692 Benalla Vic 3672
Phone: 0419 574 065
Email:umha.memberships@gmail.com

APPLICATION FOR MEMBERSHIP/RENEWAL FROM 1st JULY to 30th JUNE

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

UMHA Bank Details
Name: Upper Murray Horseman's Assoc
Bank: Bendigo Bank
BSB: 633 000
A/c No.: 162789689

Senior (per adult) \$55.00
Junior (per child) \$30.00

Total amount paid [ ] Cash [ ] Cheque [ ] Direct Deposit/EFT

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

o [ ] (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 2019/2020 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. In the event that an ambulance is called by the First Aid Officer for me, I will not hold UMHA Inc. responsible for any costs incurred.

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 (AS3838) are to be worn and be fastened by all adult riders 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 (AS3838) are to be worn and be fastened by junior riders under 18yrs whilst on their horses at all times during all UMHA 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 accident horse rider insurance.

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.

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

(Complete below 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.

[ ] Date [ ]

(Signature of current member)

OFFICE USE ONLY:

- Payment received on ...../...../.....
passed to Treasurer on ...../...../.....
[ ] Passed by committee [ ] Postal List - if applicable
[ ] Membership List [ ] New member pack sent - if applicable
[ ] Email Distribution list - if applicable [ ]