



# REDLANDS & SOUTHERN DISTRICTS EQUESTRIAN GROUP INC.

Competition Venue: Bognor Street Tingalpa  
Postal Address: PO Box 903 Capalaba QLD 4157  
Website: <http://www.rasdeg.org.au/> Email enquires: [info@rasdeg.org.au](mailto:info@rasdeg.org.au)

## 2010 RASDEG MEMBERSHIP/RENEWAL APPLICATION FORM

### Member Details

Christian Names ..... Surname .....

Date of Birth ..... *Mandatory for members under 18 years*

Parent/Guardian Name ..... *Mandatory for members under 18 years*

*Please Note: it is a condition of membership that all members under the age of 18 years are under the direct supervision of their parent/guardian at all RASDEG events*

Address ..... Postcode .....

Telephone (H) ..... (W) ..... Mobile .....

Email Address ..... Occupation .....

Emergency Contact ..... Contact No .....

### EFA Details

Are you an EFA member Yes / No If yes Membership No .....

Horse Name [1] ..... EFA Reg No ..... Bridle No .....

Horse Name [2] ..... EFA Reg No ..... Bridle No .....

Horse Name [3] ..... EFA Reg No ..... Bridle No .....

### Membership Options

	Full yr	From Aug 10
<input type="checkbox"/> Single membership - new	\$50.00	\$25.00
<input type="checkbox"/> Single membership – renewal to 28 February 2010, after this date it is considered a new application	\$40.00	NA
<input type="checkbox"/> Newsletter postage [newsletters are emailed monthly free]	\$15.00	\$10.00
<input type="checkbox"/> Club Shirts: \$25 per shirt x .....(number). Shirts can be worn at RASDEG member events Please circle: Size: [8] [10] [12] [14] [16] [18] and colour pale pink / sky blue Collection at club grounds on presentation of shirt ticket to event organizer (provided by membership coordinator)		
<b>Total membership fee</b>	<input type="text"/>	<input type="text"/>

Yes / No (please circle) I/we have current senior first aid certificate, am a nurse or qualified medical doctor

### Non-riding volunteer dates for 2010

Please tick the event(s) you will help as a non-riding volunteer. Each member is required, as a condition of membership, to assist for the one day or two half days in a non-riding capacity at one or more events during the year. **Please note that if you do not complete this section your membership will be refused and returned to you.**

Key-Members day [MD], EFA Official [OFF], EFA Associate [ASS]

- 28 Feb [MD]    28 Mar [OFF]    11 Apr [MD]    23 May [MD]    27 Jun [MD]    11 July [ASS]    8 Aug [OFF]  
 12 Sept [ASS]    10 Oct [MD]    14 Nov [MD]

### Payment Options

Cheque or money order payable to RASDEG Inc

Direct deposit into RASDEG Bank account  
Bank of Queensland  
BSB: 124001 / Account Number: 10360413

\* Place **surname** and 'mem09' in the customer reference field to link your payment to your membership form  
\*\* Print and include transaction receipt with your membership to ensure prompt processing

**Agreement:** I hereby apply for membership/renewal with Redlands & Southern Districts Equestrian Group Inc. RASDEG is an EA affiliated club and I hereby agree to abide by the RASDEG Inc constitution and by-laws and all Equestrian Australia and Equestrian Queensland rules. Please contact the Club Secretary for copies of the legal documents.

I agree that I am responsible for ensuring my associates\* also abide by these rules and regulations, and if any of my associates acts inappropriately then I acknowledge that I as the member may be disciplined and/or my associate excluded from RASDEG events. \*Associates are, but not limited to, family members, partners, coaches, grooms, helpers, friends, horse owner or anybody accompanying or visiting a member to any RASDEG event.

**Note: If membership includes persons under 18yrs of age parent/guardian must sign this section. Waiver must be signed by each riding member. Failure to sign waiver will negate membership to the club**

Member Signature ..... Date .....

Parents Signature (if applicable) ..... Date .....

**Please post completed membership form and payment details to  
RASDEG Membership coordinator, PO Box 903 Capalaba Qld 4157**

Office Use Only  
Date received ...../...../2010   Payment details .....   Receipt No .....



EQUESTRIAN AUSTRALIA

**EQUESTRIAN AUSTRALIA - QUEENSLAND INC.  
RELEASE AND WAIVER OF LIABILITY  
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

CLUB/COACH NAME: **REDLANDS & SOUTHERN DISTRICTS EQUESTRIAN GROUP INC.**  
CLUB/COACH ADDRESS: PO Box 903 Capalaba QLD 4157  
EVENT: To include those events organised by Redlands & Southern Districts Equestrian Group Inc in 2010 (hereafter referred to as "EVENT(S)")

**NOTE:** Section 74 of the Trade Practices Act ("the Act") implies a warranty of due care and skill into contracts for the supply of services to consumers, as defined in the Act. To the extent that the warranty applies to any contract relevant to the Release and Waiver of Liability, it cannot be excluded.

Subject to that warranty, if applicable and IN CONSIDERATION of being permitted to compete, officiate, observe, work for, or participate in any way in the EVENT(S), EACH OF THE UNDERSIGNED, for himself/herself, his/her personal representatives, heirs and next of kin:

1. Acknowledges, agrees and represents that he/she further agrees and warrants that, if at any time, he/she feels anything to be unsafe, he/she will immediately advise the officials of such and refuse to participate further in the EVENT(S).
2. HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the club/coach, participants, EFA and its state bodies or any subdivision thereof, officials, volunteers, medical personnel, any persons, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENT(S), premises and event inspectors, underwriters, consultants and others who give recommendations, directions, or instructions or engage in risk evaluation or loss control activities regarding the premises or EVENT(S) and each of them, their directors, officers, agents and employees, all for the purposes as herein referred to as "Releasees", FROM ALL LIABILITY, TO THE UNDERSIGNED, his/her personal representatives, assigns, heirs, and next of kin FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFORE ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR RESULTING IN DEATH OF THE UNDERSIGNED ARISING OUT OR RELATED TO THE EVENT(S), WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
3. HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the Releasees and each of them FROM ANY LOSS, LIABILITY, DAMAGE, OR COST they may incur arising out of or related to the EVENT(S), WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.
4. HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE arising out of or related to the EVENT(S) whether caused by the NEGLIGENCE OF THE RELEASEES or otherwise.
5. HEREBY acknowledges that THE ACTIVITIES THE EVENT(S) ARE VERY DANGEROUS and involve the risk of serious injury and/or death and/or property damage. Each of the UNDERSIGNED also expressly acknowledges that INJURIES RECEIVED MAY BE COMPOUNDED OR INCREASED BY NEGLIGENT RESCUE/MEDICAL OPERATIONS OR PROCEDURES OF THE RELEASEES.
6. Hereby agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by the Releasees, INCLUDING NEGLIGENCE RESCUE OPERATIONS and is intended to be as broad and inclusive as is permitted by the laws of the State/Territory in which the EVENT(S) is/are conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

**BY SIGNING HEREUNDER I CONFIRM HAVING READ AND UNDERSTOOD THE CONTENTS OF THIS DISCLAIMER.**

.....  
NAME (BLOCK LETTERS) SIGN HERE DATE

**PARENT/GUARDIAN CONSENT FOR UNDER 18 YEAR OLD PARTICIPANTS**

I,.....being the parent/guardian of the abovenamed.....  
Confirm that I have read the whole of this document and have taken all necessary actions to ensure I am aware of the activity which the abovenamed, will be asked to participate in and consent to him/her participating. In doing so, I acknowledge that equestrian activities are dangerous and that accidents causing death, bodily injury, disability and property damage can and do happen. I agree that neither the Branch, club/coach, participants, EFA and its state bodies, or any subdivision thereof, officials, volunteers, medical personnel, any persons promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENT(S) shall be under any liability whatsoever for the death or any bodily injury, loss or damage which may be suffered or incurred by the abovenamed or by me in or being present at any activity conducted by, or on behalf of the BRANCH except for any rights the abovenamed or I may have arising under the Trade Practices Act 1974 (Cth) (or similar legislation)

**By signing hereunder I confirm having read and understood the contents of this disclaimer.**

.....  
NAME (BLOCK LETTERS) SIGNED

.....  
Date