



WESTERN DISTRICT QUARTER HORSE ASSOCIATION INC  
 (A000762M) ABN 55 415 075 322  
 www.wdqha.com



**2022/2023 MEMBERSHIP RENEWAL / APPLICATION**

**MEMBERSHIP TYPE:**

Please tick one

FAMILY\* \$75.00

SINGLE \$50.00

YOUTH \$20.00

\*Family consists of 2 adults - married or de facto and/or youth as per AQHA rule book.

NAME			
ADDRESS			
TOWN		POSTCODE	
PHONE		MOBILE	
EMAIL			

My interests are:  Cutting /  Western Performance

I am happy for my details to go into a member contact book - please circle - Yes / No

For Family or Youth Memberships, please complete: **Amateurs must supply a copy of current permit**

FAMILY MEMBER'S NAMES	ASSOCIATION#	AMATEUR OR YOUTH	IF YOUTH, PLEASE STATE DATE OF BIRTH

In applying for membership to the Western District Quarter Horse Association Inc I recognize WDQHA takes no responsibility for any loss injury or damage to any persons, property, equipment or stock while participating in any WDQHA show or activity. I also agree to abide by the rules and regulations of the WDQHA, the AQHA and the NCHA where applicable at all times.

Signed: ..... Name: ..... Date: . . . / . . . /20. . .  
 If Youth Membership parent or guardian to sign

WDQHA want this club to be a friendly family environment and would love to see more of our members become involved in the maintenance of the grounds and running of shows. We feel that by doing this it will make people more at home and take pride in their great club. This club belongs to its members and if jobs are shared between the membership it makes everyone's load a little bit lighter, all we are asking for is a couple of hours here and there.

**WE NEED YOUR HELP IN THE FOLLOWING AREAS, PLEASE TICK YOUR PREFERENCE:**

<input type="checkbox"/>	Announcing (am/ pm/ All Day)	<input type="checkbox"/>	Grounds Maintenance
<input type="checkbox"/>	Stewarding (am/ pm/ All Day)	<input type="checkbox"/>	Set Up/Down Club Days/Show/Cutting
<input type="checkbox"/>	Gate Marshall (am/ pm/ All Day)	<input type="checkbox"/>	Canteen (am/ pm/ All Day)
<input type="checkbox"/>	Office (am/ pm/ All Day)	<input type="checkbox"/>	Fundraising

Please make cheques payable to Western District Quarter Horse Association Inc. Send completed application and waiver to:

Memberships  
 WDQHA Inc  
 C/o – Karli Roderick  
 PO Box 26  
 LITTLE RIVER VIC 3211

Or direct debit to:  
 Bendigo Bank  
 BSB: 633-000  
 Acc: 111373429

Office Use Only	
Application received	/ /20
Payment enclosed	

**Completed member acknowledgment MUST accompany your membership application. PTO**



# Member Acknowledgement 2022/2023

## HORSE RIDING AND PARTICIPATION IN HORSE RELATED ACTIVITY IS DANGEROUS

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

Horse riding and participation in horse related activities is/are dangerous recreational activities and horses and cattle 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 participating in horse related competition or activities.

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 related 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 any horse activity.

I agree to abide by the Rules & Regulations of the Australian Quarter Horse Association and Western District Quarter Horse Association, its Affiliated clubs and/or management/organizer of the activities and that I will follow all directions of the management/organizer of the activities. My failure or refusal to do so can result in **my immediate disqualification** from the activities and the forfeiting of all fees paid in relation to the activities. I understand that any such non compliance may result in injury, death and/or permanent disability.

I agree to wear a helmet of the currently approved Australian standard in all activities where the Rules & Regulations governing the activity require the wearing of a helmet, I am solely responsible for ensuring that I wear a suitable helmet correctly when required and take sole responsibility for my actions.

**Horse Experience - Not limited to riding:** (tick where appropriate)

Very experienced participant/competitor  Novice participant/competitor  Never participated/competed

I understand that the Australian Quarter Horse Association and Western District Quarter Horse Association, its Affiliated clubs and/or the Management/organizer takes due care to ensure that the venues chosen are safe and suitable, any equipment provided for the purpose of such activities is maintained in good condition and the Association's/management/organizer's staff are appropriately trained.

I further confirm I am in good health and do not suffer from any disability which will affect my ability to participate. I have had sufficient opportunity to read this document, fully understand its terms and sign it freely and voluntarily without inducement of any kind.

Name (Please Print)	Signature	Dated
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.....	.....	.....
.....	.....	.....
.....	.....	.....

Name and signature of Legal Guardian (if participant is under 18 years of age)

Name:.....	Signature:.....	Date:.....
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