



GQHPA Membership Form 2024-2025

(circle your choice)

FAMILY \$ 50

NEW MEMBER

SINGLE \$ 30

RENEWAL

YOUTH \$ 20

*Family membership is 2 adults and any children eligible to compete as a youth as defined by the AQHA.

NAME: _____
ADDRESS: _____
PHONE: _____ **EMAIL:** _____
BREED ASSOCIATION: _____ **MEMBERSHIP NO:** _____
MEMBERSHIP TYPE: (please circle) YOUTH AMATEUR NOVICE OPEN
YOUTH NAME: _____ **DOB:** _____
YOUTH NAME: _____ **DOB:** _____
YOUTH NAME: _____ **DOB:** _____
ADDITIONAL ADULT (if applicable): _____ **MEMBERSHIP NO:** _____
DUAL BREED ASSOCIATION (if applicable): _____ **MEMBERSHIP NO:** _____

We love volunteers for our club, if you think you are able to help for a couple hours at shows as steward, gate marshal, ribbon runner etc., please let us know!! YES _____ NO _____

To be eligible for end of year high point awards you must compete at a minimum of 3 events during the show season.

MEMBER ACKNOWLEDGEMENT 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/We 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/We voluntarily PARTICIPATE at my/our OWN RISK and assume sole responsibility for any injury, death or property damage I/we may suffer that arises from my participation in horse related activities.
- I/We understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs before and during the activity and I/We take full responsibility for any injury, loss or damage associated with their consumption. I/We agree not to drink alcohol or take drugs prohibited by law before or during any horse activity.
- I/We agree to abide by the Rules and Regulations of The Australian Quarter Horse Association, its affiliated clubs and/or 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/We understand that any such noncompliance may result in injury, death and/or permanent disability. • I/We agree to wear a helmet of the currently approved Australian standard in all activities where the Rules and Regulations governing the activity require the wearing of a helmet.
- I/We am solely responsible for ensuring that I/We wear a suitable helmet correctly when required and take sole responsibility for my actions.
- I/We understand that the Australian Quarter Horse Association, its affiliated clubs and/or the Management/organizer takes the 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 Associations/management/organizer's staff are appropriately trained.
- I/We further confirm I/We am/are in good health and do not suffer from any disability which will affect my ability to participate.
- I/We have had sufficient opportunity to read this document, fully understand its term and sign it freely and voluntarily without any inducement of any kind.

HORSE EXPERIENCE: **VERY EXPERIENCED** **NOVICE** **NEVER COMPETED**

Signed _____ Date: _____

GQHPA P.O BOX 619 GATTON QLD 4343 or Email: contact.gqhpa@gmail.com

Cheques to be made out to GQHPA or direct deposit to Westpac Bank BSB: 034-182 Acct: 347472