

WESTERNAUSTRALIAN  
WEST AUSTRALIAN

Endurance Rider's Association

**2020 MEMBERSHIP APPLICATION / RENEWAL**

Each member must complete an individual application/renewal form Please write in block letters except for signatures.

\*Compulsory data required

If an existing member, what is your current membership number?						
Class of membership being applied for?*						
Title:		DoB: *	/ /	Occupation:		
First Name:*				Middle Name:		
Preferred Name:*				Surname:*		
Residential Address:*						
Town:*				State:*		Postcode:*
Postal Address: (*if different)						
Town:*				State:*		Postcode:*
Home Phone:				Daytime Phone:		
Mobile:				Email:		
Rider Status (please circle):		Novice / Endurance		Senior First Aid Cert		Yes / No
TPR Steward (please circle):		Yes / No		Chief Steward (please circle):		Yes / No

**Complete & return to: WAERA Registrar, Lyn Summerfield, PO BOX 793, Collie, 6225 (Ph: 9732 1612).****Email: [summerfields@hotmail.com](mailto:summerfields@hotmail.com)****DANGEROUS ACTIVITY ACKNOWLEDGEMENT & WAIVER**

In consideration of Western Australian Endurance Riders Association Inc. ("the Association") accepting me as a member for 2020, I understand and agree that –

1. This waiver governs my participation in any and all activities offered or organised, in whole or in part, by or in conjunction with the Association ("Relevant Activities");
2. There are many real and potential risks and hazards associated with activities involving horses and endurance riding;
3. Horses are powerful animals of individual free will and are potentially dangerous;
4. I am responsible for assessing and managing all inherent risks that may arise - including but not limited to the terrain, on public roadways, from the weather or other forces - during my participation in Relevant Activities, and understand that such risks may vary from ride to ride;
5. I am responsible for the welfare, control and behaviour of any horse in my care or which I elect to ride, and for ensuring that I am capable of managing any such horse in relation to the safety and welfare of myself, other participants or the general public, and in regard to property;
6. I will comply with the AERA Rulebook as instructed by Ride Organisers and Ride Officials;
7. It is compulsory to wear an approved safety helmet at all times when on a horse at any event affiliated with the Association;
8. I am free to withdraw my participation from an affiliated event at any time, subject to compliance with the AERA Rulebook;
9. I will comply with any reasonable request or instruction issued by a ride organiser or official of the Association, and agree that if my participation in an event is terminated due to non-compliance that I will waive any claim or refund;
10. I owe a duty of care for the safety of myself and others, and if I have a medical condition or an impairment which may affect my capacity to act safely and in the best interests of the welfare of myself, other participants, the general public, or any horse, or any property, then I will not participate in the Relevant Activities and will take full responsibility for any consequence of such medical condition or impairment;

11. I agree not to consume alcohol in an amount which causes my blood alcohol content to exceed the applicable legal limits whilst participating in the Relevant Activities. I understand and agree that I will be responsible for any loss, damage, cost, claim or expense arising from any injury, loss or damage caused or contributed to by my consumption of alcohol up to the applicable legal limit whilst participating in the Relevant Activities, and that I will not be covered by insurance in that event;
12. I agree not to consume any mind-altering drug or any other substance that may be prohibited by law before or during the Relevant Activities. I understand and agree that I will be responsible for any loss, damage, cost, claim or expense arising from any injury, loss or damage caused or contributed to by my consumption of such substances whilst participating in the Relevant Activities, and that I will not be covered by insurance in that event;
13. If there is an outbreak of a notifiable equine disease, such as Hendra Virus or Equine Influenza, then relevant government department(s) may prevent or restrict the movement of horses, vehicles and personnel for a period of time, and that any costs or expenses borne by any person or organisation for and on behalf of my horse(s) or myself shall be my responsibility.

### PERSONAL ACCIDENT DISCLAIMER

Do you elect to purchase Personal Accident Insurance under the Australian Endurance Riders Association Master Policy? You must tick ☒ one box only.

YES			NO
-----	--	--	----

Where you have elected to purchase Personal Accident Insurance under the Australian Endurance Riders Association Master Policy and paid the applicable fee indicated on the Summary of Payment Sheet attached, please be aware that your personal objectives, personal needs or financial situation has not been taken into account when preparing the cover provided under the Australian Endurance Riders Association Personal Accident Master Policy.

You should therefore consider the appropriateness of the cover being provided before making any decision to purchase this financial product. A copy of the summary of cover and product disclosure statement can be obtained from the WAERA website: [www.waera.asn.au](http://www.waera.asn.au). Please ensure you read the documents so you are familiar with the terms, conditions and exclusions applicable to the cover before purchasing.

I confirm I have read the summary of cover and product disclosure statement applicable to the personal accident insurance and assessed the appropriateness of cover being provided. I duly acknowledge that the terms and conditions of cover are acceptable to me and that I am aware my personal objectives, personal needs and financial situation have not been taken into consideration.

Signing of the Declaration below constitutes my full acceptance of the requirements of the Personal Accident Disclaimer.

**I have read and understood this document and hereby apply for Membership of the W.A.E.R.A. Inc.** If accepted as a member, I agree to comply with the WAERA Inc. Constitution, and the AERA Inc. and WAERA Inc. rules and procedures. **I also acknowledge that I will participate as a volunteer at a minimum of one event throughout the calendar year.**

Applicants Signature: \_\_\_\_\_ Date:     /     / 20

Applicants Medical Conditions:

**If the applicant is a Junior member then the following declaration must be completed by the junior's parent/guardian:** [A junior member is a person who attains the age of 17 years or less in the calendar year of membership].

As parent/guardian of the junior member:

1. I warrant the accuracy of the assurances and warranties given above on behalf of the participant;
2. I provide the above undertakings both on my own behalf, and, to the extent permitted by law, on behalf of the participant; and I indemnify the Association and all the persons specified above against all liability and claims brought by or on behalf of the participant arising out of or in any way associated with the activity.

Name of Parent / Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date     /     / 20