

Membership Application Form

Australian Mounted Games Association – NSW Branch

Our membership year is from January 1-December 31 each year.

I/We desire to become member/s of the Australian Mounted Games Association (NSW Branch) and request you to enter my/our name/s in to the register of Members in accordance with and subject to the Constitution.

<https://www.nswmga.com/>



"MGANSW"



Membership Type

Please Tick:

- Day Member (1 day \$35.00 / 2 days \$45.00) for (Dates) _____ & _____ at (venue) _____
- Single year member (\$75.00)
- Family year membership (2 Members \$145.00 / 3 members \$205.00 / 4 + members \$260.00)

Member Name	DOB	Email address (may be the same for all family members)	
1)			
2)			
3)			
4)			
5)			
<u>Family Postal Address</u>		<u>Family contact phone number</u>	<u>Emergency contact name and number</u>
Insurance and Ambulance Cover <input type="checkbox"/> I/we acknowledge that AMGA Insurance is a Public Liability Insurance only and that AMGA recommends members have Ambulance Cover and consider Personal Accident Cover. I/we confirm that in the event of an accident I/we are liable for all ambulance and medical costs incurred. (Tick the box to show that you acknowledge and agree)		*Permission to publish (please tick) Photo with first name only Photo with full name Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Full name in results Yes <input type="checkbox"/> No <input type="checkbox"/>	

*This may include articles on social media platforms such as Facebook and Instagram and in newspapers.

<u>Signature/s of Member/s</u>	
(Members over 18yrs or where members are under 18yrs signed by a parent/guardian) Please insert name for electronic submission which is the preferred method of receipt.	
1)	By signing this application I/we agree to abide by the organisation's Constitution, Code of Conduct and other Regulations approved by the Committee. Dated:
2)	
3)	
4)	
5)	

To complete your membership, please email this membership application form, a completed waiver for each member/s (guardians to sign if under 18 years) and receipt of payment to:

Secretary AMGANSW: Maureen Purdie

Ph: 0427383343 E: maureen.purdie@internode.on.net Direct Deposit: BSB: 032 196 Account #: 291685

Office Use: Date application rec'd:

Date Fees rec'd:

Waiver Forms rec'd: Y N

AUSTRALIAN MOUNTED GAMES ASSOCIATION INC.

Waiver & Dangerous Activity Acknowledgement



Each member must sign and submit this Waiver Form to become a member of AMGA (NSW Branch). THE FOLLOWING WILL AFFECT YOUR LEGAL RIGHTS AND LIABILITIES PLEASE READ CAREFULLY.

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

- Horse sports are a dangerous activity and horses can act in suddenly unpredictable ways, especially if excited, frightened or hurt.
- There is a significant risk that serious INJURY, DISABILITY or DEATH may result from horse sport activities, including but not limited to horseback riding, handling and grooming of horses and other stable/arena work.
- I understand and acknowledge the dangers associated with the consumption of alcohol or any mind-altering drugs and agree not to drink alcohol or take drugs prohibited by law before or during sporting events and or activities.
- I agree to follow the directions of any event organiser or official and that any misconduct or refusal by me to follow any direction of any organiser or official can result in the CANCELLATION of my participation in the activities and my immediate removal from my horse NO MATTER where that may occur.
- I agree to wear an approved helmet at all times whilst participating in the sport and whilst mounted anywhere on the grounds where a competition is being held.
- I understand and acknowledge the effect that medical issues including concussion (or suspected concussion) may have on my ability to participate safely in competition and declare that I am well enough, at the commencement of each event, to take part in that event.

I wish to participate in these activities knowing that they are dangerous. I accept and assume all risks of injury (including death) to me and/or my property (including horses). I agree to compete at my own risk and to indemnify and keep indemnified the Australian Mounted Games Association and any third parties associated with their activities. In exchange for being permitted to participate in these activities, for myself, my heirs, guardians, and legal representatives, I release and agree not to make or bring any claim of any kind against Australian Mounted Games Association, or officials, servants, employees, representatives, officers, and directors for any injury (including death), to me or any damage to my property, arising out of my participation in these dangerous riding or related activities.

I have had sufficient opportunity to read this Dangerous Activity Acknowledgement and Membership Application Form and fully understand its terms and the information provided to me relating to the 3rd Party Insurance. I sign this Waiver freely and voluntarily. This is to certify that I, as the member/parent/guardian with legal responsibility for this participant, acknowledge, understand and accept ALL OF THE ABOVE and consent and agree to my own/my minor child's involvement or participation in horse sport activities. (Please cross out the irrelevant options above).

Member Name	Signature
1)	
2)	
3)	
4)	
5)	
Dated:	Mobile:

Parent/Legal Guardian must sign if member is under 18 years old.

I certify that I witnessed the members listed above (or their legal guardian) signing this document and that they did so freely and voluntarily.

Witness (Print Name):

Note: Please just type your name in the signature section for electronic submission which is the preferred method of receipt.