



# National Cutting Horse Association of Australia Inc.

(Incorporated under the Association Incorporation Act, 1984)

## 2017 PRO TRAINERS MEMBERSHIP RENEWAL DUE 01 JANUARY 2017

**Please complete**

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

email \_\_\_\_\_

Professional Trainer (Full)	\$455
Life Member – Pro Trainer	\$220

**Pro Trainers Checklist**

What you need to complete by 1 January 2017. Please supply copies/evidence of the following:-

- Complete the HSA instructor certificate course or equivalent
- Current Working with Children’s check
- Current First Aid Certificate
- Completed a Judges clinic
- Certificates of currency for Public liability Insurance
- Certificates of currency for Workers Compensation Insurance

**Note: Prices Include GST & Personal Accident Insurance** Provides cover for members participating in work (including voluntary) or events (including travel to and from) officially organised by NCHA. This policy offers payments of benefits if an insured person dies, becomes disabled, or suffers from certain conditions as a result of an injury. Insurance cover is subject to the conditions of the policy.

**Authorisation**

As a member of the NCHA I consent to the use of my name, photo/s & Ainformation given by me to the association for publication in NCHA dvertising, articles, magazines, websites & printed material.

Please tick the applicable box      Yes       No

As a member of the NCHA I consent to my name & address being given to sponsors and/or members of the association.

Please tick the applicable box      Yes       No

**Payment** (please circle your form of payment)

Cheque / Money Order / Credit Card (MasterCard & Visa)

(1.5% fee applies to credit cards – if the transaction is rejected, due to insufficient funds, your payment will be considered as invalid and will not be processed)

Credit Card Number \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_

Card Holders Name \_\_\_\_\_ Card Holders Signature \_\_\_\_\_

**FOR YOUR MEMBERSHIP TO BE PROCESSED YOU MUST SIGN THE INSURANCE WAIVER ON THE BACK OF THIS FORM**

National Cutting Horse Association Inc. (NCHA) Office • PO BOX 7092 NEMSC, TAMWORTH NSW 2348

Ph 02 6765 9356 • Fax 02 6765 9354 • E admin@ncha.com.au



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## LIABILITY WAIVER FORM EXCLUSION OF CERTAIN RIGHTS TO SUE

The purpose of this agreement is to limit the liability of the Provider to exclude liability for any personal injury or death to the Participant and other people in the care and control of the Participant howsoever caused who signed this form as acknowledgment of the terms and conditions of this agreement. **By signing this form you are waiving your rights to sue the Provider for losses relating to personal injury or death.** Under the provisions of the Trade Practices Act and Various State Laws conditions are implied into contracts that mean that the Provider of Recreational Services, noted below, is required to ensure that the Recreational Services it sells to you are: rendered with due care and skill, are fit for the purpose for which they are commonly bought as it is reasonable to expect in the circumstances or might reasonably be expected to achieve the result you have made known to the Provider.

### Name and address of Provider:

**The National Cutting Horse Association Inc. (NCHA)  
15 Goonan Street, Tamworth NSW 2340**

The Participant acknowledges that the activity being undertaken is an activity being undertaken for the purposes of recreation, enjoyment or leisure which involves a significant degree of physical risk. The Provider acknowledges that they are providing Recreational Services detailed below which means; providing facilities for participation in a recreational activity, or training a person to participate in a recreational activity, or supervising, adjudicating, guiding or otherwise assisting a person's participation in a recreational activity. The Participant hereby acknowledges that in attending the recreational activity that there are inherent risks involved to him or her or other people in their care and control. This agreement is directed and limited to inherent risks that are patent. The participants also acknowledges that the purpose of the recreational activity is for the benefit of the Participant and for the benefit of those people attending with the Participant and that at all times the Participant is responsible for his or her own actions and the actions of those other people in his or her care and control.

### Description of Recreational Services

#### Cutting Competitions & Activities of the NCHA

Steps taken by Provider to avoid the danger of personal injury or death

1. Providing assistance to affiliates to support those affiliates in the safe conduct of their activities.
2. Implementation of a risk management approach to events conducted by the association
3. Publication of resources to support the risk management approach of the association and its affiliates
4. Implementation of the rules and regulations as agreed by the board of directors of the association

The Participant acknowledges that during all times while he or she is attending the recreational activity he or she does so at his or her own risk and that the Participant and other people in the care and control of the Participant will not hold the Provider or any of its employees or agents liable for any personal injury or breach of contract whether caused by the negligence of the Provider its employees or agents howsoever caused or otherwise. **The Participant acknowledges that in the event that he or she or any of the other people in their care and control find either or any of them is in difficulty that they are to stop the activity or request that the activity be stopped if appropriate, and seek help and/or assistance and advice.**

## Declaration and signature

By signing this agreement I understand that the Recreational Services about to be sold to me as set out in this form may cause my and or my dependents personal injury or death. By signing this agreement I understand that I and my dependents waive our rights to sue the Provider for losses relating to my and or my dependents personal injury or death that result from any negligence caused by the Provider. By signing this agreement I agree that upon the commencement of National Cutting Horse Association Limited, if it is wound up, I am liable to contribute in accordance with the constitution to a maximum of \$20.00. I also agree and understand that I am bound by the Rules, Regulations, Constitution and Code of Conduct of the NCHA.

**Signature of Member (Parent or Guardian to witness if member under 18 years of age).**

Address \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ P'Code \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant

Print Name

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_