



# National Cutting Horse Association of Australia Inc.

(Incorporated under the Association Incorporation Act, 1984)

## APPLICATION FOR MEMBERSHIP OF ASSOCIATION

NCHA memberships are valid from 01 January to 31 December 2017

I, Mr, Mrs, Ms, Miss (circle one) \_\_\_\_\_ (Full name of nominee)

Address \_\_\_\_\_

Home Ph \_\_\_\_\_ Business Ph \_\_\_\_\_ Date of Birth \_\_\_\_\_ (of nominee)

Mobile \_\_\_\_\_ Email \_\_\_\_\_

Hereby apply to become a member of the National Cutting Horse Association of Australia Incorporated. In the event of my admission as a member, I / we hereby agree to abide by the constitution and the Rules and Regulations of the National Cutting Horse Association Inc.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

I, \_\_\_\_\_ a member of the Association nominate the applicant, who is personally known to me, for membership of the Association.

Signature of Proposer \_\_\_\_\_ M/Ship No. \_\_\_\_\_ Date \_\_\_\_\_

I, Second the Nomination of the applicant who is personally known to me for Membership of the Association.

Signature of Seconder \_\_\_\_\_ M/Ship No. \_\_\_\_\_ Date \_\_\_\_\_

**Please contact the NCHA if you do not know a member of the Association.**

**Membership Classifications** – Please indicate membership type required by ticking the applicable box:

- Full (*New members half price!*) \$235  Professional Trainer (Full) \$455
- Affiliate (Show Committees) \$235  Associate (nonvoting & non riding) \$155
- Snaffle Bit \$135  Youth (nonvoting) \$95
- Restricted (nonvoting) \$135  Chatta (for Youth & Restricted) \$77

**Note: Youth & Restricted Memberships do not include the Chatta. To receive the Chatta there is an additional fee of \$77.**

Constituent (Stud/Family/Partnership) \$235

Only one member of a Constituent membership can compete. Please nominate your rider:

Name \_\_\_\_\_

Only one member of a Constituent membership can vote. Please nominate that member:

Name \_\_\_\_\_

Family (2 Adults & all youths) \$470

Please provide the names and date of birth details for all family members to be included on the membership.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Please tick what type of events you intend competing in**

Snaffle bit  Rookies  Yth  Non Pro  Open  N/A

**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. All owners & riders require full membership to show in any NCHA Affiliated event except Rookies and Youth. Youth Memberships cover youth entries only. All memberships expire December 31st. Restricted - Can compete in Rookies and Snaffle Bit classes only.

**Authorisation**

As a member of the NCHA I consent to the use of my name, photo/s & information given by me to the association for publication in NCHA Advertising, 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 \_\_\_\_\_



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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 dependants personal injury or death. By signing this agreement I understand that I and my dependants waive our rights to sue the Provider for losses relating to my and or my dependants 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

**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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_