



**Australian National Working Equitation WA Inc
(ANWEWA)
ABN 61 167 613 264**

MEMBERSHIP APPLICATION 2018/19

<i>First Name</i>	
<i>Surname</i>	
<i>Date of Birth</i>	
<i>Postal Address</i>	
<i>Preferred Email</i>	
<i>Home Phone #</i>	
<i>Mobile #</i>	
<i>Emergency Contact Name</i>	
<i>Emergency Phone Number</i>	
<i>Emergency Email</i>	

I have ambulance insurance Yes No

Full Membership	\$60.00	\$
Associate Membership	\$30.00	\$
Club Shirt		\$
	TOTAL TO PAY	\$

Forms may be posted or emailed to:

Secretary
ANWEWA Inc.
8 Richardson Street
Mundijong WA 6123
lisamc85@hotmail.com

Payments by direct debit:

ANWEWA Inc.
Bendigo Bank
BSB: 633000
Acc: 160174819



Dangerous Activity Acknowledgement

<i>First Name</i>	
<i>Surname</i>	
<i>Date of Birth</i>	
<i>Name of Guardian if under 18 years</i>	
<i>Postal Address</i>	

1. I understand, acknowledge and accept that horse sports are a dangerous activity and horses can act in a sudden, unpredictable and changeable way, especially if frightened or hurt. I also understand, acknowledge and accept there is a significant risk that serious **INJURY** or **DEATH** may result from horse sport activities.
2. I understand, acknowledge and accept that the activities of ANWEWA involve horse sports which may be dangerous.
3. I understand, acknowledge and accept there are dangers associated with the consumption of alcohol or mind-altering drugs and I irrevocably agree **NOT** to:
 - 3.1. Consume alcohol
 - 3.2. Consume mind altering drugs
 - 3.3. Consume illicit drugs;

while mounted on a horse or during horse sports activities conducted by ANWEWA.
4. I agree to follow all directions of any event organiser or official. I further agree that any misconduct or refusal by me to follow a direction of any event organiser or official may result in the **CANCELLATION** of my participation in the activities and my immediate removal from my horse **NO MATTER** where that may occur.
5. I agree to wear an approved helmet if I am under the age of eighteen, **WHILST MOUNTED ON A HORSE**. I understand, acknowledge and accept this is required under the relevant Australian National Working Equitation Ltd rules and regulations.
6. I have had sufficient opportunity to read this Dangerous Activity Acknowledgement and fully understand its terms and sign it freely and voluntarily.

Dated: ___/___/___ Signature of member applicant

For Participants of Minority Age (Under Age 18)

This is to certify that I, as a parent / guardian with legal responsibility for this member applicant, acknowledge, understand and accept **ALL THE ABOVE**. I consent and agree to my minor child's involvement or participation in horse sport activities conducted by ANWEWA. I agree to abide by the Parents Code of Conduct as it relates to Equestrian Sports. I understand that should I breach this Code of Conduct I may be penalised for such breach as determined by Equestrian Western Australia.

Dated: ___/___/___ Signature of guardian