

**SOUTH AUSTRALIA APPALOOSA CLUB INC.
2017 / 2018 MEMBERSHIP FORM
1ST AUGUST 2017 – 31ST JULY 2018**



FEES:	FAMILY MEMBERSHIP	<input type="checkbox"/>	\$60.00
	SINGLE MEMBERSHIP	<input type="checkbox"/>	\$50.00
	YOUTH MEMBERSHIP	<input type="checkbox"/>	\$30.00
	EVENT MEMBERSHIP	<input type="checkbox"/>	\$25.00

Please find enclosed payment for my 2017/18 membership by cheque/cash/money order/direct transfer (please circle)

Direct transfers to be made to: South Australian Appaloosa Club
BSB 015 203
A/C 4187 02069
(Please use **full name** as reference)

Name (s): _____
(Please include DOB of any juniors - under 18yrs)

Address: _____ Post Code: _____
Postal Address: _____ Post Code: _____
Contact Numbers: H: _____ Mob: _____

Email address: _____

I would like to receive any correspondence from the club by: Email / Post

If a member of the AAA Ltd, Membership No: _____ Horse Registration No: _____

Amateur Owner: Yes / No
Novice Amateur: Yes / No

I, the undersigned hereby agree to abide by the SAAC Inc Constitution and Rules and Regulations as outlined in the AAA Ltd Rulebook.

Signed: _____ Date: _____

Please post to: 13 Angle Vale Rd, Evanston Gardens, SA, 5116

Please send a copy of the remittance to treasurer@adelaideappaloosaclub.com

NOMINATION OF SAAC END OF YEAR HIPOINT



Do you and your horse want to be in the running for end of year club HIPOINTS? Please fill in the application below.

To be eligible of winning a HIGH POINT you need to be a full financial member, compete at a minimum of 3 shows and have a minimum of 20 points.

Name: _____ M/Ship No: _____

Horse show name: _____

Horse Reg No: _____

Name: _____ M/Ship No: _____

Horse show name: _____

Horse Reg No: _____

Name: _____ M/Ship No: _____

Horse show name: _____

Horse Reg No: _____

Name: _____ M/Ship No: _____

Horse show name: _____

Horse Reg No: _____

INDEMNITY, RELEASE & WAIVER OF LIABILITY

I understand and acknowledge that all aspects of handling, working with and in the vicinity of and riding horses is a dangerous activity and that horses can act in a sudden and unpredictable (changeable) way at any time.

I understand and acknowledge that serious injury or death may result from all activities involving horses.

I agree that I compete and/or attend any show conducted or authorized by the South Australian Appaloosa Club (SAAC) or the Australian Appaloosa Association Ltd (AAA Ltd) at my own risk and that I save harmless SAAC and the AAA Ltd and/or any show management appointed or authorized by SAAC or the AAA Ltd and I shall not pursue SAAC or the AAA Ltd and/or any show management appointed or authorized by SAAC or the AAA Ltd and hold them liable for any personal injury, death, loss or damage occasioned to me or my children, employed, strappers or assistants or any person attending at the show on my behalf or at my bequest or for any loss or damage occasioned to any of my possessions or horses whether such liability arises out of any express or implied term of law whether at common law or by statute, or through the negligence of any member of SAAC or the AAA Ltd an/or any show management appointed or authorized by SAAC or the AAA Ltd arising in any manner whatsoever and I fully indemnify and save harmless SAAC or the AAA Ltd and/or any show management appointed or authorized by SAAC or the AAA Ltd against any such claim howsoever and wheresoever such may arise.

My signing of this Indemnity and Waiver acknowledges my reading of the document and my acceptance

SAAC or the Australian Appaloosa Association Ltd and/or any show management appointed or authorized by SAAC or the AAA Ltd and my acknowledgement that such may be pleaded by SAAC and the Australian Appaloosa Association Ltd and/or any show management appointed or authorised by SAAC and the AAA Ltd as a bar to any claim made or action taken by me.

I also agree to abide by the risk management policy implemented by SAAC or the Australian Appaloosa Association Ltd.

NAME: _____ DATE: _____

SIGNATURE: _____

NB: Parent or Guardian must sign on behalf of Youth competing who is under the age of 18

YOUTH NAME: _____ MSHIP NO: _____

PARENT/GUARDIAN

NAME: _____ SIGNATURE: _____

NAME: _____ SIGNATURE: _____