

# CARAMUT RIDING CLUB

INC. No.A0002014C

EA AFFILIATED

## 2022 MEMBERSHIP APPLICATION



Surname: \_\_\_\_\_

Given Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_

Other Names:

\_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

\_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Telephone:(BH) \_\_\_\_\_ (AH) \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

- SINGLE \$50.00  
 FAMILY \$100.00

*Family Memberships consist of 1 or 2 adults and juniors from the same family.  
(Members remain juniors up to and including the membership year that they turn 18)*

I, \_\_\_\_\_ (applicant or responsible Parent/Guardian)

hereby apply for membership of the Caramut Riding Club and in doing so agree to be bound by the Rules and Regulations of the CRC, EA Ltd and all decisions of the Committees of the Club, or I as parent/guardian agree to take responsibility for and ensure that the applicant abides by the aforementioned.

I acknowledge CRC Membership does not provide personal accident insurance.

X..... Date:...../...../.....

Please return with payment to:

Secretary  
Caramut Riding Club  
PO Box 188  
MORTLAKE VIC 3272

All personal information collected on this form used for Caramut Riding Club administrative purposes and to notify members of upcoming events.

PTO



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E info@equestriavictoria.com.au  
I vic.equestrian.org.au  
www 90 362 146 367



## MEMBER DANGEROUS ACTIVITY ACKNOWLEDGEMENT

(This Release and Waiver will apply to all Equestrian Australia endorsed activities)

Full Name of participant:

.....

Address.....

..... State..... Post Code.....

Date of Birth...../...../..... EV Membership No .....

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 a sudden and unpredictable (changeable) way, especially if frightened or hurt. There is a significant risk that serious **INJURY or DEATH** may result from horse sport activities.

I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs. I agree not to drink alcohol or take drugs prohibited by law before or during any horse sports 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, coordinator or official can result in the **CANCELLATION** of my participation in the activities and 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 where this is required under the relevant EA and FEI Rules and Regulations.

I have had sufficient opportunity to read this Member Dangerous Activity Acknowledgement and fully understand its terms and sign it freely and voluntarily.

Signature of Applicant \_\_\_\_\_ Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### For Participants of Minority Age (Under 18 years)

This is to certify that I, as a parent/guardian with legal responsibility for this participant, acknowledge, understand and accept ALL OF THE ABOVE and consent and agree to my minor child's involvement or participation in horse sport activities.

Full Name of Responsible Guardian/Parent \_\_\_\_\_

Signature of Guardian / Parent \_\_\_\_\_ Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_