

Application For Casual Day Participant Insurance



Shire Horse Breeders Australia INC

→ Present ←

AUSTRALIAN NATIONAL SHIRE HORSE SHOW & SOUTHERN HIGHLANDS HEAVY HORSE SHOW

Moss Vale Show Ground
SATURDAY 30th & SUNDAY 31st March

Non-Member Participants, are upon completion of this form, deemed to be day participant members of the Shire Horse Breeders Australia Inc. (SHBA) for all activities held for the purpose and duration of the associated event, and covered by the associated insurances of the SHBA.

PARTICIPANTS (*Over 18 years – as of 30 March 2019*)

FULL NAME OF EXHIBITOR / PARTICIPANT

ADDRESS: _____

STATE: _____ POSTCODE: _____ DATE OF BIRTH: _____

NAME OF CLUB / ORGANISATION: Shire Horse Breeders of Australia (SHBA Inc)

MEMBERSHIP NO: _____

EVENT: Australian National Shire Horse Show & Southern Highlands Heavy Horse Show

DATES: Saturday 30th & Sunday 31st March

Application For Casual Day Participant Insurance

Adult – Non-SHBA Member Casual Event Insurance

I wish to compete in event conducted by this Association and/or a Branch of this Association and agree to pay the Casual Day Participant Insurance Levy. I understand that payment of this levy is required for insurance purposes and does not entitle me to membership of the Society. I am aware that after using this insurance levy twice within a financial year, I may be offered full membership by completing a SHBA membership application and pay the prescribed fee of \$65.00 per annum to the Society, and that the annual Membership levy falls due on 1st January of each year.

I agree to abide by all decisions of the Association in relation to all matters arising out of or in connection with each event in which I participate.

EFFECT OF THIS DOCUMENT:

- I have had sufficient opportunity to read this assumption of risk agreement, fully understand its terms, and sign this document freely and understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without inducement.
- I understand that my signature to this document constitutes a complete and unconditional release of all liability of the Releasees, to the greatest extent allowed by law in the event of me and/or children under my care suffering injury or death.

I, as the participant accept the above agreement.

DATED: _____ / _____ / 2019

SIGNATURE: _____

Exhibitor / Participant