



www.tdsjc.com.au

### Application for Membership and Renewal of Membership

Memberships are due for renewal on 1 January for the next 12 months

Senior Membership	\$50 full year
Junior Membership <sup>1</sup>	\$25 full year (must have parent/guardian as member – see notes below)
Social Membership	\$25 full year
Family Membership	\$80 full year
School Membership <sup>1</sup>	\$100 full year

1. Junior Members must be 17 years and under. They must also have at least one parent/guardian who is a current financial member (Senior or Social) or be a member of a school, which is a current financial member. **Parent/Guardian must sign the application for membership. If riding under a school membership – Parent/Guardian signature required as well as school representative signature.**
2. Application Forms must be signed – Applicant will not be considered a member until correctly signed application form is received along with all payable fees.
3. **COMPULSORY for all members to attend either 2 working bees OR help at 2 official events a year**
4. Membership enquires to: Jo Maxwell (07) 4696 7436 or [jmaxwell7@bigpond.com](mailto:jmaxwell7@bigpond.com)
5. Monthly meetings are the first Tuesday of the month – time and venue will be advertised via email.

Completed application and fees to be sent to: *The Treasurer*  
*TDSJC*  
*PO Box 18061*  
*Clifford Gardens Qld 4350*

Member benefits include:

- Discounts for some events and clinics
- **Members ONLY** – Use of TDSJC facilities and the Cross Country course at the Toowoomba Showgrounds.
- **Members using the TDSJC facilities must have another person with them.**
- **FOR SAFETY REASONS IT IS FORBIDDEN TO RIDE ALONE.**

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#### Membership Application for TDSJC Inc.

Name of Senior/Social/School: \_\_\_\_\_

Name of Junior (if application): \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Disclaimer:** Neither the TDSJC Inc. nor the RASQ accepts liability for any accident/damage/injury or illness to riders/horses/grounds/spectators or any other person or property whatsoever.

**Signature** (Parent/Guardian if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

Applicable membership fee	\$
<b>Total Fees payable</b>	<b>\$</b>



Equestrian Australia  
Limited  
ABN 19 077 455 755  
www.equestrian.org.au

# Member Dangerous Activity Acknowledgement

Full Name of participant (and of guardian if under 18 years).....

.....

Address.....

State .....Post Code.....Date of Birth .....

Name of Club/Organisation.....

Membership No. ....

Address of Event / Activity .....

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 and 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 or official can result in the **CANCELLATION** of my participation in the activities and my 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 Dangerous Activity Acknowledgement and fully understand its terms and sign it freely and voluntarily.

Dated: \_\_\_/\_\_\_/\_\_\_

Signature of rider\_\_\_\_\_

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

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.

Dated: \_\_\_/\_\_\_/\_\_\_

Signature of guardian\_\_\_\_\_