



## Vaulting Victoria Inc., MEMBERSHIP APPLICATION and RELEASE AND WAIVER OF LIABILITY

### Part One – Membership Application

#### Important Notes

- 1) This membership form does not guarantee membership to Vaulting Victoria Inc
- 2) A rider is admitted to membership at the discretion of the Committee.
- 3) All riders must sign waivers, and be current financial members of Vaulting Victoria Inc before being an active participant in any ridden training.
- 4) Those who would like to attend gymnastic training at Mowbray, but not actually ride the horses should apply for Associate Membership.
- 5) You are asked to provide a short biography for inclusion on our website Please state if you do not want any information about you on the website.

**Name:** \_\_\_\_\_

**Parent's Name (if under 18):** \_\_\_\_\_ **Age:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Phone AH:** \_\_\_\_\_ **Phone BH:** \_\_\_\_\_

**Phone Mobile:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**EMERGENCY 'Next of Kin' Contact:** \_\_\_\_\_

**Please give details of all injuries, ailments, allergies or known medical problems:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please circle: I AM / AM NOT a current member of the ambulance.  
Please see page 3, clause 7 regarding ambulance transfers.

# Joining Vaulting Victoria



State, briefly, your horse riding & gymnastic or dancing experience

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I hereby apply for membership of Vaulting Victoria Inc. I agree to follow the directions of the coach, and all officials of the club, and that any misconduct or refusal by me to follow any direction of the instructor or officials will result in the **CANCELLATION** of my lesson or training session and my immediate removal from my horse **NO MATTER** where that may occur.

## Insurance

- Vaulting Victoria Inc is an affiliated and insured club with the Equestrian Federation of Australia.

I wish to apply for:

Please tick: ✓

All office bearers, committee members & volunteers must be members to cover insurance.

- |                          |   |           |
|--------------------------|---|-----------|
| <input type="checkbox"/> | Annual Membership                                   | \$ 120.00 |
| <input type="checkbox"/> | Second Additional Child Membership                  | \$ 60.00  |
| <input type="checkbox"/> | <b>SINGLE ONE DAY</b> Membership:                   | \$ 20.00  |
| <input type="checkbox"/> | Associate Non-Riding Membership                     | \$ 60.00  |
| <input type="checkbox"/> | Committee Members & Officials special reduced rate: | \$ 60.00  |

**Total Membership Fees** \$ \_\_\_\_\_

**I wish to give a small donation \* of** \$ \_\_\_\_\_

**TOTAL ENCLOSED** \$ \_\_\_\_\_  
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**\* Even ONE DOLLAR will help go towards improving our club facilities & equipment.**

**MEMBERSHIP APPLICATION and**  
**RELEASE AND WAIVER OF LIABILITY**



## Part 2 – Release & Waiver of Liability

1. I understand and acknowledge that all horse sports, riding and vaulting are dangerous activities and that horses can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt.
2. I understand and acknowledge that serious **INJURY or DEATH** may result from horse sport activities and in particular this lesson or training session or event.
3. I agree that I **PARTICIPATE** at my own risk. I am not forced to ride; I chose to do so of my own free will, accepting all the risks associated with a highly dangerous sport.
4. I agree not to drink alcohol or take drugs prohibited by law before or during any horse or training session.
5. I agree to advise my trainer or official of any prescription medicine that I am taking, especially if known to affect balance or co-ordination, or cause drowsiness. I will advise the trainer or a club official immediately of any pain, nausea or dizziness that at any time may affect my riding or attendance at any event.
6. I agree to wear an approved safety helmet, with strap correctly fitted during all lessons and training sessions, competitions and days. Vaulting does not require helmets to be worn at certain levels, and at certain competitions, but I agree to wear a safety helmet **at all times** while riding, lessons & training.
7. I agree to being given, or my child being given, first aid, ambulance transfers and hospital or medical attention whenever deemed necessary by our coach, supervisor, club member or member of the public.
8. I have outlined any all medical conditions in my Membership Application above. I understand that withholding medical information from officials and instructors of the club would void any and all medical claims against the club. **I am aware that tetanus, worming and other medical problems can arise from working on farms and with horses. I agree that I will keep all inoculations & medical care & medications up to date, as requested by my own health-care practitioner.**

I understand that my signature to this document constitutes a complete and unconditional release of all liability of Vaulting Victoria Inc, it's officials, coaches, instructors and volunteers during lessons, training sessions, group meetings and education days and competitions to the greatest extent allowed by law in the event of me and or the children under my care, suffering death, loss or injury.

Signed: \_\_\_\_\_  
*Parents or guardian's signature if under 18*

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

**Please print and post form to:  
Vaulting Victoria Inc,  
PO Box 1083 Bacchus Marsh, Vic 3340**