



**Standardbred Pleasure & Performance Horse Association of Western Australia Inc**

6 Gladstone Drive  
SERPENTINE, WA 6125  
T: 0400 656 288  
Email: [spphawa@hotmail.com](mailto:spphawa@hotmail.com)

**APPLICATION FOR MEMBERSHIP**

(Effective 01.08.2020)

**NEW MEMBER**

Please read notes on reverse, then complete section A, B, C, D, E or F. print carefully and sign. Correct fee must accompany application.

Forms can be emailed to [spphawa@hotmail.com](mailto:spphawa@hotmail.com) Please provide payment receipt together with application

Payment via EFT: SPPHAWA Inc BSB: 633-000 Account #: 128 881 497 Payment REF: MEMBER\_YourSurname

I hereby apply for a new membership of the Standardbred Pleasure & Performance Horse Association of Western Australia Inc. and agree during the period of my membership, to abide by and be bound by the Rules & Regulations of the Association.

- A. INDIVIDUAL MEMBER – Fee \$50**
- B. SUBSCRIBER MEMBER – Fee \$25**
- C. JUNIOR MEMBER – Fee \$40**
- D. FAMILY MEMBERSHIP – 2 x Senior Members, 2 x Junior Members \$170**
- E. FAMILY MEMBERSHIP – 1 x Senior Member, 2 x Junior Members \$120**
- F. FAMILY MEMBERSHIP – 2 x Senior Members \$90**
- G. FAMILY MEMBERSHIP – 1 x Senior Member, 1 x Junior Member \$80**

	SURNAME	ALL OTHER NAMES
Mr. Mrs. Miss. Ms.		
POSTAL ADDRESS:		
SUBURB:		POST CODE:
TELEPHONE:	MOBILE:	
EMAIL ADDRESS:		
DATE OF BIRTH:		

MEMBER 2	
NAME	DATE OF BIRTH:

MEMBER 3	
NAME	DATE OF BIRTH:

MEMBER 4	
NAME	DATE OF BIRTH:

EMERGENCY CONTACT	
NAME	MOBILE:
RELATIONSHIP:	

Do you hold a current First Aid Certificate? (Please circle): YES NO

Personal Details to remain CONFIDENTIAL (Please circle): YES NO

Do you have horses registered with SPPHAWA: (Please circle): YES NO

Please list (SPPHAWA registered name);  
\* \_\_\_\_\_  
\* \_\_\_\_\_

Have you sold or had a SPPHAWA registered horse pass away since it was registered? (Please circle): YES NO

Please list;  
\* \_\_\_\_\_  
\* \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If under 18;

Parents/ Guardian Signature: \_\_\_\_\_

**OFFICE USE ONLY**

DATE MEMBERSHIP RECEIVED AND APPLIED:

/ /
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PAID BY: CASH [ ] CHEQUE [ ] MONEY ORDER [ ] EFT [ ]

**MEMBERSHIP NUMBER ALLOCATED:**

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**NOTES:**

**PLEASE READ CAREFULLY BEFORE COMPLETING  
INDIVIDUAL/SUBSCRIBER MEMBERSHIP APPLICATION**

Effective 01.08.20

**1. MEMBERSHIP YEAR:**

This covers the period from the 1<sup>st</sup> August to 31<sup>st</sup> July.

**2. ENTITLEMENTS**

**Individual Member:** A financial Individual Member is entitled to show as many horses throughout the year and be eligible for trophies and awards subject to a registration being in place for each horse with the Association. They may attend any meeting throughout the year and attend and vote at the Annual General Meeting.

The holder of an Individual membership will be entitled to Insurance cover and discounted entry fees at any event run by the Standardbred Pleasure & Performance Horse Association or Western Australia Inc. (SPPHAWA Inc.). All non-members will be charged a day membership levy at each show attended and higher entry fees.

**Subscriber Member:** A financial Subscriber Member is entitled to attend any meeting throughout the year and also attend and vote at the Annual General Meeting.

A subscriber member is not entitled to show any horses or participate at any show held by SPPHAWA Inc. at membership rates as they are not covered by insurance with this fee.

**Junior Member:** Please see "Individual Member". Junior members are not permitted to vote at an AGM

**Family Member:** Please see "Individual Member". Details are the same.

**Family membership is for immediate family only – Husband/Wife, Parent/Child, Siblings**

**3. CLAIMING TO BE A MEMBER**

No person(s) have the right to claim membership of the Association until such time as being notified in writing by the Secretary of the Association's approval of the application. Points will only be awarded at nominated point shows from the time (a) the person becomes financial and (b) the horse in question is registered with SPPHAWA Inc.

**4. SPPHAWA Inc. BULLETINS**

Membership subscription entitles financial members to receive copies of the monthly news bulletin released after each committee meeting. Every effort will be made to automatically supply new members with relevant back issues of this bulletin if requested.

**5. ASSOCIATIONS MEMORANDUM, ARTICLES AND REGULATIONS**

A copy of these documents are available on the website for viewing and we suggest you read through to know what is acceptable. These can also be supplied immediately on request to applicants at no charge.

**6. CHANGE OF ADDRESS**

If you change your address at any time, please notify the Association as soon as you can, otherwise you may miss out on receiving any correspondence. If you have any queries or require further information on membership or dealing with the Association's Register, please do not hesitate to phone or write to the Association's Secretary.



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### Annual Risk Warning and Waiver of Liability

The following pages affect your legal rights and obligations. Please read these carefully and only sign if you fully understand their contents. For Participants under 18 years of age, these documents must be completed by a parent or legal guardian.

**Description of Activities<sup>1</sup>:** Any equestrian event that is run by SPPHAWA

#### Risk Warning

I am aware that by my participation in any activities arranged by the Provider, certain risks or dangers may occur which could include:

- Physical, bodily or psychological injury or death.
- Physical exertion to which I am not accustomed.
- Failure of equipment or use of inadequate equipment.
- There may be no or inadequate facilities for treatment or transport to treatment if I am injured.
- The conditions in which the activities are conducted may vary without warning.
- I may cause injury to other persons and/or other persons may cause injury to me.
- I may be injured or die due to the negligence, breach of contract or breach of statutory duty or guarantee of the provider.

I acknowledge that the activities are being undertaken for the purposes of recreation, enjoyment or leisure, and involve a significant degree of risk of physical harm.

I acknowledge that the Activity may be undertaken with one or more other persons as part of a group and that the Provider is not liable for the actions of other participants in the group activity.

By signing below, I acknowledge, agree and understand that the risks associated with the Activities and/or recreational services have been explained to me. I undertake any such risk voluntarily and at my own risk.

I acknowledge that the risk warning above constitutes a "risk warning" in accordance with the *Civil Liability Act 2002* (NSW) and the *Civil Liability Act 2002* (WA).

#### Participant's Warranties

I agree to abide by any of the Provider's rules, and any direction or instruction given to me by the Provider during the course of the Activities. I agree to use and/or wear any equipment given to me by the Provider.

I declare that I am medically and physically fit and able to participate in the Activities. I acknowledge that I must, and agree that I will, disclose any pre-existing medical or other condition, injury or concern that may affect the risk that either I or any other person will suffer injury, loss or damage during the course of the Activities and notify the Provider of any injuries, illness or concerns that may arise during the Activity. I will not engage in any reckless, negligent or foolish behaviour or any other behaviour that is likely to cause injury to me, any other participant or person.

I agree that if I suffer any injury or illness, the Provider may provide evacuation, first aid and/or medical treatment at my expense and that my acceptance of these terms and conditions constitutes my consent to such evacuation, first aid and/or medical treatment.

I declare that I have not consumed any alcohol or mind altering substance, or medication that may impact my judgement or physical capacity, before or at the time of engaging in the Activities.

#### Exclusion of liability

I agree to and unconditionally release, waive, discharge and forever hold harmless, the Provider or any of its employees, agents, directors or officers, from any claims as a result of any personal injury sustained, whether caused by the Provider's negligent act or wilful act or omission, breach of contract, breach of statutory duty, error, or otherwise in connection with or arising out of the Activities.

I agree that the Provider will not be liable for any claims for personal injury that may be brought against it as a result of or in connection with any act, omission, default, failure or error on the part of the Provider, and agree to indemnify and keep indemnified the Provider in respect of any such claims.

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<sup>1</sup> Activities includes all activities and services ancillary to or associated with the named Activity, both before and after the Activity, including transportation to and from the location of the Activity whether provided by the Provider or not, briefings, inductions, training, and the provision of information in all manuals, safety guidelines and other documentation provided to or made available to the Participant with respect to the Activity, familiarization with clothing or equipment and methods of operation of equipment and the wearing and removal of any clothing or equipment associated with the Activity. Unless otherwise specified, a reference to an Activity is a reference to a recreational service or a recreational activity as defined in relevant legislation referred to herein.



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**Waiver**

It is possible for a supplier of recreational services to ask you to agree that the statutory guarantees under the *Australian Consumer Law* (which is schedule 2 to the *Competition and Consumer Act 2010* (Cth)) do not apply to you. If you sign this form, you will be agreeing that your rights (or the rights of a person for whom or on whose behalf you are acquiring the services) to sue the Provider in relation to the Provider's services or the activities that you undertake because the services or activities provided were not in accordance with the guarantees are excluded, restricted or modified as set out below.

**For Queensland, New South Wales, Western Australia, Tasmania, Northern Territory and Australian Capital Territory and Commonwealth**

By signing this form, you agree that the liability of the Provider in relation to the activities (as defined by the *Competition and Consumer Act 2010* (Cth), the *Consumer Affairs and Fair Trading Act* (NT) and the *Australian Consumer Law*) and recreational activities (as defined by the *Civil Liability Act 2002* (NSW) and the *Civil Liability Act 2002* (WA)) for any:

- (a) Deaths;
- (b) Physical or mental injuries (including the aggravation, acceleration or recurrence of such an injury);
- (c) The contraction, aggravation or acceleration of a disease;
- (d) The coming into existence, the aggravation, acceleration or recurrence of any other condition, circumstance, occurrence, activity, form of behaviour, course of conduct or state of affairs in relation to an individual:
  - (i) That is or may be harmful or disadvantageous to you or the community; or
  - (ii) That may result in harm or disadvantage to you or community;

That may be suffered by you (or a person for whom or on whose behalf you are acquiring the services) resulting from the supply of the recreational services or recreational activities is excluded.

You acknowledge and agree that the above provision operates to exclude the liability of the Provider as a result of a breach of an express or implied warranty that the recreational services will be rendered with reasonable care and skill in accordance with section 5J of the *Civil Liability Act 2002* (WA) and section 5N of the *Civil Liability Act 2002* (NSW).

**Declaration and Signature**

I have read carefully and understand this risk warning and waiver of liability and sign it feely and voluntarily without inducement of any kind.

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date: \_\_\_\_\_

**For Participants under age 18**

This is to certify that I, as a parent/guardian with legal responsibility for the Participant, acknowledge, understand and accept all of the above and consent to his/her release as provided above. I release and agree to indemnify and hold harmless the Provider from any and all liabilities arising from my minor child's involvement or participation in the Activities and/or recreational services, even if arising from the negligence of the Provider.

Signature of Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date: \_\_\_\_\_



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**Confidential Medical History Form**

Member/Participant Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Over 18 (Tick Box)      Age: \_\_\_\_\_ (If Under 18)

In case of emergency the following information is intended to assist:

**Name and telephone number of contact people** \*\*Legal guardian details must be provided if member/participant is under 18 years of age

Emergency contact name	Relationship to mem/par	Mobile	Home	Work

**Have you (or your child) been diagnosed with any of the following?**       NO (Please tick if applicable)

<input type="checkbox"/> Asthma	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy/Fits	<input type="checkbox"/> Fainting	<input type="checkbox"/> Blackouts	<input type="checkbox"/> Disability	<input type="checkbox"/> Back Injury
<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Blood Condition	<input type="checkbox"/> Pregnancy	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Migraines	<input type="checkbox"/> Uneven Pupils	<input type="checkbox"/> Medications
<input type="checkbox"/> Allergic Reactions	<input type="checkbox"/> Recent Injury	<input type="checkbox"/> Autism	Other(Please describe)			

**Allergies**

Please describe allergy & reaction: \_\_\_\_\_

**Tetanus Immunization**

It is particularly important that people dealing with horses are immunized against tetanus. Tetanus is normally given at five years of age as a Triple antigen or CDT and at fifteen years of age as ADT. Year of last tetanus immunization: \_\_\_\_\_

**Medication**

Is it necessary for you or your child to carry their own medication at all times? \_\_\_\_\_

Name of Drug: \_\_\_\_\_ Frequency: \_\_\_\_\_ Dosage: \_\_\_\_\_  
(If more than one please attach a separate sheet)

**Consent to Medical Attention:**

I authorize the SPPHAWA First Aid Officer to administer first aid and call an ambulance. I agree to bear any cost thereby incurred.

Signature of Member/Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Legal Guardian (if member/participant U/18)  
\_\_\_\_\_ Date: \_\_\_\_\_

**Privacy Statement – Privacy Act 1998**

By completing this statement you are supplying **the Provider** with personal information about yourself. This information is needed to ensure your safety during your participation at a SPPHAWA event. **The provider** is required to collect this information by our insurance company and by the department of Workplace Health and Safety. The information you provide will not be supplied to any other organization or used for any other purpose than that which is stated above.



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**PHOTOGRAPHIC CONSENT & RELEASE FORM – 2020/2021**

I hereby consent and agree that the Standardbred Pleasure and Performance Horse Association Inc. has the right to take or use photographs of me (and/or my horse/s) and to use these in any and all media worldwide including online, now or hereafter known, and for any purpose whatsoever.

I hereby release to the Standardbred Pleasure and Performance Horse Association Inc. all rights to exhibit this work in print and electronic form publicly or privately and to market copies. I waive any rights, claims or interest I may have to control the use of my identity or likeness in the photographs and agree that any uses described herein may be made without compensation or additional consideration of me.

I represent that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
(If under 18)

Parent/Guardian Signature: \_\_\_\_\_

By signing I agree that I have read and understood the foregoing statement on behalf of the minor and am the legal parent/guardian of the above minor.