

## MEMBERSHIP APPLICATION/RENEWAL

**2020 Membership Year - 1<sup>st</sup> January to 31<sup>st</sup> December**

Each member must complete an individual application/renewal form

Please write in block letters except for signature

### Section 1

Membership Type			
<input type="checkbox"/> <b>Adult Riding</b>	\$140.00	<input type="checkbox"/> <b>Junior Riding</b>	\$115.00
<input type="checkbox"/> <b>Intermediate</b>	\$85.00	<input type="checkbox"/> <b>Associate</b>	\$75.00
<input type="checkbox"/> <b>Life Member</b>	\$0.00	<input type="checkbox"/> <b>Family</b> <b>2 Adult &amp; 2 Junior</b>	\$360.00
			<b>Optional Personal Accident Insurance</b> Read Product Disclosure and complete separate Application form <input type="checkbox"/> Adult: \$ 150 <input type="checkbox"/> Junior: \$ 39

Riding Member Details			
VERA Inc. Membership No:	<i>If existing</i>	Riding Bib No:	<i>If applicable</i>
FEI Identification No:	<i>If applicable</i>	Date Paid:	
First Name:			
Middle Name:			
Surname:			
Preferred Name:			
DOB (compulsory):			
Working with Children Check:	<i>No:</i>	<i>Expiry Date:</i>	<i>Please provide if held</i>
Residential Address			
Address:			
Town/City:		Post Code:	
Postal Address			
Address:			
Town/City:		Post Code:	
Contacts			
Phone:	H:	W:	M:
Email:	<i>**will be used for VERA e-news</i>		

- I require a plastic pocket for my Membership Card.
- Day Member to NEW MEMBER incentive** – If application is received within 30 days of the date of payment of Day Membership at a ride, NEW MEMBER applications receive a \$30 discount on the membership fee (discount not available to those people with an existing VERA Membership number).
- I have attached a copy of my vet card/ logbook as proof of my Day Member ride entry date.
- I do not wish to receive email notifications from VERA Inc.
- I have completed the TPR Accreditation process and wish to have my name added to the VERA TPR List
- I hold first aid qualifications and am willing to volunteer my time at a ride as the official First Aider
- I am relocating from another state and already have a membership with another State Division

## Section 2

### Dangerous Activity Acknowledgment & Waiver

In consideration of the Victorian Endurance Riders Association (“the Association”) accepting me as a member, I understand and agree that –

1. This waiver governs my participation in any and all activities offered or organised, in whole or in part, by or in conjunction with the Association (“Relevant Activities”);
2. There are many real and potential risks and hazards associated with activities involving horses and endurance riding;
3. Horses are powerful animals of individual free will and are potentially dangerous;
4. I am responsible for assessing and managing all inherent risks that may arise - including but not limited to the terrain, on public roadways, from the weather or other forces - during my participation in Relevant Activities, and understand that such risks may vary from ride to ride;
5. I am responsible for the welfare, control and behaviour of any horse in my care or which I elect to ride, and for ensuring that I am capable of managing any such horse in relation to the safety and welfare of myself, other participants or the general public, and in regard to property;
6. I will comply with the AERA Rulebook as instructed by Ride Organisers and Ride Officials;
7. It is compulsory to wear an approved safety helmet at all times when on a horse at any event affiliated with the Association;
8. I am free to withdraw my participation from an affiliated event at any time, subject to compliance with the AERA Rulebook;
9. I will comply with any reasonable request or instruction issued by a ride organiser or official of the Association, and agree that if my participation in an event is terminated due to non-compliance that I will waive any claim or refund;
10. I owe a duty of care for the safety of myself and others, and if I have a medical condition or an impairment which may affect my capacity to act safely and in the best interests of the welfare of myself, other participants, the general public, or any horse, or any property, then I will not participate in the Relevant Activities and will take full responsibility for any consequence of such medical condition or impairment;
11. Not to consume alcohol in an amount which causes my blood alcohol content to exceed the applicable legal limits whilst participating in the Relevant Activities. I understand and agree that I will be responsible for any loss, damage, cost, claim or expense arising from any injury, loss or damage

- caused or contributed to by my consumption of alcohol up to the applicable legal limit whilst participating in the Relevant Activities, and that I will not be covered by insurance in that event;
12. I agree not to consume any mind-altering drug or any other substance that may be prohibited by law before or during the Relevant Activities. I understand and agree that I will be responsible for any loss, damage, cost, claim or expense arising from any injury, loss or damage caused or contributed to by my consumption of such substances whilst participating in the Relevant Activities, and that I will not be covered by insurance in that event;
  13. If there is an outbreak of a notifiable equine disease, such as Hendra Virus or Equine Influenza, then relevant government department(s) may prevent or restrict the movement of horses, vehicles and personnel for a period of time, and that any costs or expenses borne by any person or organisation for and on behalf of my horse(s) or myself shall be my responsibility.

**Dangerous Activity Acknowledgement & Waiver**

**I have read and understood this document and hereby apply for Membership of the VERA Inc.** If accepted as a member, I agree to comply with the VERA Inc. Constitution, and the AERA Inc. and VERA Inc. rules and procedures. I am aware that all ride results are published on the public domain and that my information is collected for the purposes of administering the sport.

Applicant Name \_\_\_\_\_ Membership No: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***If the applicant is a Junior member then the following declaration must be completed by the junior's parent/guardian:*** [A junior member is a person who attains the age of 17 years or less in the calendar year of membership].

As parent/guardian of the junior member:

1. I warrant the accuracy of the assurances and warranties given above on behalf of the participant;
2. I provide the above undertakings both on my own behalf, and, to the extent permitted by law, on behalf of the participant; and I indemnify the Association and all the persons specified above against all liability and claims brought by or on behalf of the participant arising out of or in any way associated with the activity.

Name of Parent/Guardian: \_\_\_\_\_

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

**Section 3****VERA Inc. Photography Release**

I..... DO / DO NOT (*cross out relevant*) grant VERA Inc. permission to use and/or reproduce any photos taken of me/my child/ward (*cross out relevant*) by authorized event photographers, for the purpose of publication, promotion, illustration, advertising or trade in any manner or in any medium.

I acknowledge I am  Over the age of 18yrs  
 Or  The legal guardian of the following person under the age of 18yrs

Signature: \_\_\_\_\_ Member No: \_\_\_\_\_

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

### Checklist

- |  |  |
|--|--|
| <input type="checkbox"/> Section 1: Membership Application | <input type="checkbox"/> Section 2: Dangerous Activity Waiver              |
| <input type="checkbox"/> Section 3: Photography Release    | <input type="checkbox"/> Separate Personal Accident Application (optional) |

### Payment

**Cheque/Money Order payable to:** Victorian Endurance Riders Association Inc.

**Direct Deposit**

**Bank:** Bendigo Bank

**Account Name:** Victorian Endurance Riders Association Inc.

**BSB:** 633000

**Account No:** 155253438

Please identify payment with **your name** and send scanned forms and copy of payment receipt to:  
[memberships@vicera.com.au](mailto:memberships@vicera.com.au)

**Tick if receipt is required**

Mail forms and payment details to:

Sandra Feil  
Membership Secretary  
414 Rokeby-Jindivick Road  
JINDIVICK Vic 3818  
Mobile: 0423 347 782