



**S.C.A.T.E.R** Sunshine Coast Area Trail & Endurance Riders Inc.

**2017 MEMBERSHIP APPLICATION/RENEWAL**

**SECTION 1**

**Name:** .....

**Address:**.....

..... **P/C**.....

**Phone:**..... **Mob:** .....

**Email:** .....

- to ensure the accuracy of your record **PLEASE PRINT CLEARLY-**

**Additional family members: this form is to be completed for each family member.  
(Please supply D.O.B. for any Junior member born 2000 or later)**

**Name:**.....**Date of birth:**.....

**Type of membership: (please tick)**

Single \$80		Family (2 riders) \$130	
		Additional Family Riders \$20	

**Please note:**

*SCATER's 2017 Public Liability Insurance provides the Association, its Members, "Registered Participants", officials and voluntary workers with \$20million Personal Liability Insurance but only whilst participating in activities organised and/or run by SCATER. Cover will be afforded to you where you are liable for causing bodily injury or property damage to others, excluding whilst travelling to and from events. It is stressed that this policy is only a **Third Party policy** and is not Personal Accident insurance. Members are advised that the coverage provided by SCATER's insurance is limited and should not be considered a substitute for the Members own insurances with regard to health, life and income protection.*

**SECTION 2  
DANGEROUS ACTIVITY ACKNOWLEDGEMENT & WAIVER**

In consideration of the Sunshine Coast Area Trail & Endurance Riders Inc (SCATER) accepting me as a member for 2017, I understand and agree that:

1. Horse sports are a dangerous recreational activity and horses can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt;
2. There is a significant risk that serious INJURY or DEATH may result from horse sport activities;
3. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Sunshine Coast Area Trail and Endurance Riders Inc and the event organiser or others and I voluntarily PARTICIPATE at my OWN RISK and assume sole responsibility for any injury, death or property damage I may suffer that arises from my participation in SCATER events;

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 SCATER events, and understand that risks may vary from ride to ride;
5. I am responsible for the welfare, control and behavior 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 agree to abide by the Rules and Conditions at SCATER events;
7. I agree to wear an approved safety helmet at all times whilst riding and agree that I am solely responsible for ensuring that I wear a suitable helmet at all times while riding and take sole responsibility for my actions;
8. I agree to follow the directions of an 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 event and my removal from my horse, and agree that if my participation in an event is terminated due to non-compliance that I will waive any claim or refund;
9. 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 SCATER events and will take full responsibility for any consequence of such medical condition or impairment;
10. 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 SCATER events;
11. I understand that due to diseases such as equine influenza, relevant government departments may restrict or prevent the movement of horses, vehicles and personnel for a time period, otherwise known as "standstill". I acknowledge that a standstill is a risk of competing and agree to pay any costs or expenses incurred by any person or organisation for and on behalf of my horse(s) as a result of the standstill;
12. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless, and agree not to sue the Sunshine Coast Area Trail and Endurance Riders Inc and/or the event organiser, their officers, officials, volunteers, coaches, other participants, sponsors and if applicable, owners and lessors of properties used to conduct the SCATER events with respect to any and all injury, disability, death, or loss or damage to person or property, whether caused by the negligence of the Sunshine Coast Area Trail and Endurance Riders Inc or otherwise.

I have had sufficient opportunity to read this Dangerous Activity Acknowledgement and Waiver and fully understand its terms and submit it freely and voluntarily.

**Important:** You do not have to agree to exclude, restrict or modify your rights by signing this form. Sunshine Coast Area Trail and Endurance Riders Inc may refuse to provide you with the services if you do not agree to exclude, restrict or modify your rights by signing this form. Even if you sign this form, you may still have further legal rights against the Sunshine Coast Area Trail and Endurance Riders Inc.

SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

**DECLARATION BY PARENT OR GUARDIAN (for junior members under 18 years of age)**

As a parent or guardian of the junior member and on behalf of myself and the junior member:

1. I have read this document and fully understand it and agree to abide by the terms referred to above.
2. I indemnify and will keep indemnified the Sunshine Coast Area Trail and Endurance Riders Inc and all the other people referred to in the terms above.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_

I have paid by  
cash    cheque                      direct deposit (see below)

Please return to:                      **The Treasurer**  
   **PO Box 134**  
   **DAYBORO Qld 4521**

**Internet banking:**

BSB: 064 424                      ACCOUNT #: 100 122 13

Please forward banking receipt with membership form and include your  
NAME as your Internet banking reference number.