



# Northern Victorian Showjumping Club Inc.

P.O. Box 6880 Shepparton 3632

**President:** Stuart Abraham    **Vice President:** Bronwyn Shortt    **Treasurer:** Tim Jaquess  
**Secretary:** Sarah Hardwick    **Email:** nvsjc@bigpond.com

## 2019-2020 MEMBERSHIP FORM

I / We, the undersigned, make application for membership / renewal (due on 1st March) to the Northern Victorian Showjumping Club Inc. herein referred to as NVSJC.

I / We agree to abide by the rules, regulations and requirements of the NVSJC and the Equestrian Australia and Jumping Victoria bodies.

I / we agree to provide assistance at club days and competitions as required.

**Family Name:** .....

Member 1: ..... Member 3: .....

Member 2 : ..... Member 4: .....

Address: .....  
State: ..... Post Code: .....

Phone: (ah)..... Mobile: .....

**Email:** .....

**(NB: All member correspondence is done via email and Facebook)**

FAMILY (2 adults & 2 children under 18), all living at same address	\$200.00
SENIOR	\$60.00
JUNIOR (under 18 yrs)	\$60.00
ASSOCIATE (non-riding)	\$40.00
DAY M/SHIP + \$10 per horse	\$30.00

**Payment via Direct Deposit or Posted Chq**

**Reference: Your Last name**

BSB: 633108 Account No: 107975476

Name: Northern Victorian Showjumping Club

**Failure to submit a signed form, means that you are not covered by our insurance and WILL NOT BE PERMITTED to ride on our grounds under ANY circumstances for an NVSJC event/club day/clinic even if you have paid. (No form & Payment = No Riding)**

### **RELEASE & WAIVER OF LIABILITY**

I / We UNDERSTAND and ACKNOWLEDGE that horse sports can be DANGEROUS activities, and that horses can act in sudden and unpredictable ways, especially if frightened or hurt. I / We understand that serious INJURY or DEATH may result from horse sport activities. I / We agree that I / we will PARTICIPATE in club activities and events at our OWN RISK. I / We agree not to consume ALCOHOL or DRUGS prohibited by law prior to or during events conducted by NVSJC. Furthermore, I / we am aware that the club has a RISK MANAGEMENT policy and I / we agree to familiarise ourselves with the contents and abide by the directions given within this document.

I / we understand that the signature(s) on this document constitute a complete and unconditional release of all liability towards the Northern Victorian Showjumping Club Inc. including committee, members and / or coaches.

This release is to the greatest extent allowed by law in the event that I, or the children under my care, suffer injury or death.

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name/s (U18 yrs of age):** \_\_\_\_\_

**Name & Signature (Legal Guardian)** \_\_\_\_\_ **Date:** \_\_\_\_\_