



AUSTRALIAN TENTPEGGING ASSOCIATION INC.

DAY MEMBERSHIP FORM

FULL NAME OF PARTICIPANT:.....

FULL NAME OF GAURDIAN [IF UNDER 18 YEARS]:.....

ADDRESS:.....

STATE:.....POSTCODE.....

DATE OF BIRTH [of participant]:.....

SIGNATURE: [of participant].....

GUARDIAN: [If participant under 18 years].....

MEMBER DANGEROUS ACTIVITY ACKNOWLEDGEMENT

In consideration for being permitted to participate in any way in sanctioned horse sport activities, I, the undersigned, understand, acknowledge and accept that:

- Horse sports are a dangerous activity and horses can act in a sudden and unpredictable [changeable] way, especially if frightened or hurt.
- There is a significant risk that serious injury or death may result from horse sport activities.
- 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 any horse sport activities.
- I agree to follow the directions of any 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 activities and my immediate removal from my horse no matter where that may occur.
- I agree to wear an approved helmet at all times whilst participating in the sport where this is required under the relevant ATAI, FEI and IETA rules and regulations.
- I have had sufficient opportunity to read this Dangerous Activity Acknowledgement and fully understand its terms and sign it freely and voluntarily.

Signature of Rider: _____ Date: __/__/__

For participants of minority age [Under Age 18]

This is to certify that I, as a parent/guardian with legal responsibility for this participant, acknowledge and accept ALL OF THE ABOVE and consent and agree to my minor child's involvement or participation in horse sport activities.

Signature of Guardian: _____ Date: __/__/__