



LIPIZZANER ASSOCIATION OF AUSTRALASIA

EVENT ASSOCIATE MEMBERSHIP

I wish to join/renew membership of the Lipizzaner Association of Australasia as an Event Association Member. I understand this is a short term membership which enables me to participate in an LAA Event.

I acknowledge that if my behavior or actions are considered inappropriate or unsafe I will be asked to leave the event.

While at the event I agree to follow all directives by an LAA Official.

Enclosed is the sum of \$16

Attached is my LAA Member Dangerous Activity Acknowledgement

EVENT NAME/S: _____

EVENT DATE/S: _____

Name/s: _____

Address: _____

_____ Postcode _____

Tel: _____ Email: _____

Website: _____

As an Event Associate Member I agree to abide by the Rules, Regulations and Code of Conduct of the Association, which I have read and understood. (*Copies available via LAA Website or via LAA Secretary, please request copies if required*).

Signed: _____ Date: _____

Payment Made by Cheque/Postal Order Bank Deposit

Please return both the **Application form and the Dangerous Activity Acknowledgement** to LAA Secretary, 36 Nolans Road, STOKERS SIDING NSW 2484. Alternatively scan and send to Michele Travers (travelling3@bigpond.com). Inquires telephone Michele Travers 02 6677 9421.

**Payment may be made by cheque or postal order, to above address; or
Bank transfer to BSB 082738 Account 548114839. Be sure to flag your name against deposit.**



**Lipizzaner Association of Australasia
Member Dangerous Activity Acknowledgement**

Full Name of participant (and of guardian if under 18 years).....
.....

Address.....

StatePost Code.....Date of Birth

In consideration for being permitted to participate in any way in horse sport activities and/or other horse related events, I, the undersigned, understand, acknowledge and accept that:

Horse sports and events 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 sports/event 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 and/or the event premises **NO MATTER** where that may occur.

I agree to wear an approved helmet at all times during in any riding activity and acknowledge this is a mandatory requirement of the Lipizzaner Association of Australasia.

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

I confirm I am a fully financial and current member of the Lipizzaner Association of Australasia.

Dated: ___/___/___ Signature of Rider/Event Participant _____

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, understand and accept ALL OF THE ABOVE and consent and agree to my minor child's involvement or participation in horse sport activities.

Dated: ___/___/___ Signature of Guardian _____

Guardian's Telephone Number _____

Guardian's Email Address _____