

NATIONAL BUCKSKIN SOCIETY (INC) ABN 49 716 775 039. Inc. in Victoria, Reg. No A0006358W

NEW MEMBERSHIP 1st JULY 2022 – 30th JUNE 2023

NOTE: Fee for NEW MEMBERSHIP for 2022/23 is \$60, PLUS the Compulsory AFFILIATION Fee of \$10/member.

to 30th June, 2023 and I/\	Ne hereby agr	ee to pay the approp	kin Society Incorporated (N riate fees, support the purp tules and in the Regulations	oses of the	Society a				
I give permission for any photos taken of me, the persons listed below on this form and my horses at NBS Inc. activities to be used for any NBS Inc. promotional purposes (e.g. Newsletter, Website, Facebook). I would prefer to receive the NBS NEWSLETTER and Show Programs or Notifications by electronic means (e.g. email).									
 NOMINEE - receives all Mark the 'check boxes' a Complete the AHSA "RE 	egarding the Me correspondence bove regarding ELEASE AND W an AHSA Affiliat	mbership and ALL of the signs all relevant docuphotos and emails, the VAIVER OF LIABILITY tion/Insurance Fee of \$1	e Members connected to that a umentation & has voting right for Sign & Date this form where Form for each person that is 10 for each person – this	or full member required belo on Page 2 (c	ership. ow. or on the b				
MEMBERSHIP NAME	and NOW	INCL DETAIL	<u> </u>		N	1/ship No	ТВА		
NOMINEE: FIRST NA	ME		SURNAME						
ADDRESS									
TOWNSHIP		STA	TEP.CODE	HOME MOBILE					
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NOMINEE SIGN	IATURE			D	ATE				
MEMBERSHIP (& MEMBE	R (Including	Affiliate Member) Details	s and	<u>FEES</u>			
MEMBERSHIP TYPE		MEMBERSHIP NAME					FEE(
(Single, Joint or Multiple, etc.)		Same as above	(must be the same name as the Registered Owner for any horses regi			istered with the NBS Inc)			
		Same as above	*				60		
Member Type & N	/ship No.	(ALL)	MEMBER NAME(S)		Age (If U 18)	AHSA M/ship No.	Affil Compuls		
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* * AHSA

The Arabian Horse Society of Australia Ltd.

ABN 12 001 281 590

Street Address: Unit 12, 40 Bowman Street RICHMOND NSW 2753 Postal Address: Post Office Box 415 RICHMOND NSW 2753 Telephone: 02 - 45775366 Fax: 02 - 45877509

> Email: secretary@ahsa.asn.au Website: www.ahsa.asn.au

Affiliate Organisation of AHSA – NATIONAL BUCKSKIN SOCIETY Inc. (NBS)

ABN 49 716 775 039, Incorporation Registration No. A0006358W

Release and Waiver of Liability

In consideration for being permitted to participate in any way in horse sport activities, I, 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 sports 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 AHSA rules and regulations.

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

I have read and agree to the "Waiver of Liability" above.

I/We Accept the Terms & Conditions

FOR PARTICIPANTS OF MINORITY AGE (Under 18 Years)

This is to certify that I, as a parent/guardian with legal responsibility for this participant acknowledge, understand and accept the Waiver of Liability above and consent and agree to my minor child's involvement or participation in Horse sport activities.

			TBA
NBS Membership Name			NBS Membership No.
NBS Member 1 Name (& Nominee)	Signature	OR Parent/Guardian (if under 18) - Signature	Date
NBS Member 2 Name	Signature	OR Parent/Guardian (if under 18) - Signature	Date
NBS Member 3 Name	Signature	OR Parent/Guardian (if under 18) - Signature	Date
NBS Member 4 Name	Signature	OR Parent/Guardian (if under 18) - Signature	Date
NDO MCINDO 4 Name	Olgitature	Ort i archivodardian (ii under 10) - Olginature	Date
NBS Member 5 Name	Signature	OR Parent/Guardian (if under 18) - Signature	Date
NBS Member 6 Name	Signature	Parent/Guardian (if under 18) - Signature	Date