

**SOUTHERN CAMPDRAFTING ASSOCIATION LIMITED**

**APPLICATION FOR NEW MEMBERSHIP**

Name.....

Address.....

Date of Birth (If under 21 years).....Post Code.....

Telephone Number Home.....Mobile.....

Fax Number.....

Applicants Signature .....**NB:Waiver below must also be signed.**

Proposed by.....M/ship No.....**Seconded by**.....M/ship No.....

Signature.....Signature.....

Please ensure this Application is completed in full. Proposer and Seconder must be financial members of the Southern Campdraft Association. (Junior members not eligible to propose).

**\*MEMBERSHIP FEES DUE 1<sup>ST</sup> JULY TO 30<sup>TH</sup> JUNE EACH YEAR.**

(Please circle below)

Adult.....\$96.00 - (17yrs & over)	<b>ADULT</b>
Junior.....\$21.00 – (8yrs & <u>under</u> 13yrs)	<b>JNR</b>
Juvenile.....\$26.00 – (13yrs & <u>under</u> 17yrs)	<b>JUV</b>
Associate....\$30.00. (Non-riding, S.C.A. Newsletter)	<b>ASS</b>
Weekend Membership....\$40.00 (duration of (1) School or (1) Campdraft.	<b>WM</b>

**RELEASE AND WAIVER OF LIABILITY**

**THE SOUTHERN CAMPDRAFTING ASSOCIATION LIMITED**

**I acknowledge that the recreational activity of Camp Drafting is a dangerous recreational activity and involves a significant risk of physical harm.** I acknowledge that I have been warned that if I participate in this activity that I may suffer injury, loss, damage or even death. I acknowledge that Southern Campdrafting Association Limited (SCA) has warned me that if I participate that I may suffer injury, loss, damage or death. In consideration of Southern Campdrafting Association Limited permitting me to use their facilities and activities and allowing me to participate, I hereby release Southern Campdrafting Association Limited from any claims that I may otherwise have against Southern Campdrafting Association Limited in respect of any damage, injury or loss that may be occasioned by virtue of my participation in that dangerous activity and I agree to release from all liability and not to sue Southern Campdrafting Association Limited for any such injury, death, loss or any other damage sustained by me as a result of my participation in any of the activities provided by Southern Campdrafting Association Limited.

**I acknowledge that:** my signature to this document constitutes a complete and unconditional release of all liability of the SCA (and any Campdraft Committees affiliated with the SCA) to the extent permitted by law in the event of me and/or the children under my care suffering injury, death or permanent disability.

**Signed:** \_\_\_\_\_ **this** \_\_\_\_\_ **day of** \_\_\_\_\_ .  
(If Person under 18 yrs of age a Parent or Guardian must sign)

**Please Note: Memberships will not be processed until this Release and Waiver is signed and returned with Fees. (unsigned forms will be returned).**

Please return completed application to the.

**Secretary/Treasurer.**

**Tony & Marilyn Bowden**

**P.O. Box 266,**

**Cootamundra NSW 2590.**

**PH/FAX (02) 63866204.**

If you require further information before lodging your Application Please contact us.

**N.B: Must be accompanied by Horse Registration Forms.**

**NB: ALL MEMBERSHIP FEES  
INCLUDE PERSONEL  
ACCIDENT INSURANCE.**