

SOUTHERN CAMPDRAFTING ASSOCIATION LIMITED

MEMBERSHIP RENEWAL & WAIVER

Name.....

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

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

Telephone Number.....

Fax Number.....

Please ensure this Member Renewal Application is completed in full & Waiver signed.

***MEMBERSHIP FEES DUE 1ST JULY TO 30TH JUNE EACH YEAR.**

(Please circle below)

Adult.....\$95.00 - (17yrs & over)

ADULT

Junior.....\$20.00 – (8yrs & under 13yrs)

JNR

Juvenile.....\$25.00 – (13yrs & under 17yrs)

JUV

Associate.....\$30.00. (Non-riding, S.C.A. Newsletter)

ASS

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 is 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 Fee. (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 Membership Renewal.

Please contact us.

N.B: Please ensure all Horse Registration with the SCA are up to date.

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