



## DAY MEMBERSHIP

### DANGEROUS ACTIVITY ACKNOWLEDGEMENT & WAIVER

In consideration of the South Australian Endurance Riders Association Inc. ("the Association") accepting me as a DAY member, I agree that this Dangerous Activity Acknowledgement and Waiver governs my participation in all endurance riding activities affiliated with or endorsed by the Association.

I understand and agree that –

1. There are potentially significant risks and hazards involved with endurance riding, and that horses are powerful and potentially dangerous animals;
2. There are certain inherent risks in the terrain, public roadways, weather and other forces of nature which may arise during my participation in endurance riding, and that such risks may vary from ride to ride;
3. The Ride Organisers and the State Management Committee make every effort to ensure the safety of the ride base and ride course, and the safety and well-being of all participants and their horses, and to minimize any risk of injury, death or loss due to negligence or omission by the organisers and the Association;
4. It is compulsory to wear an approved safety helmet at all times while on a horse at any event affiliated or endorsed by the Association;
5. I am responsible for the control and welfare of any horse in my care or which I elect to ride and for ensuring that I am capable of managing any such horse in the interests of my own safety, and that of other participants, horses and property;
6. If I fail to comply with any reasonable instruction, request or direction by Ride Organisers or other designated officials, upon my being so warned by the appointed Chief Steward, she/he may terminate any further participation by me, such termination being at my expense, and I waive any claim or refund;
7. I am free to withdraw my participation at any time should I determine that to do so is in the interests of my safety and well-being or that of other participants and horses.
8. There are dangers associated with the consumption of alcohol or any mind altering drugs before and during the event and I take full responsibility for any injury, loss or damage associated with their consumption. I agree not to drink alcohol or take drugs prohibited by law before or during this event.
9. That if I have a medical condition or impairment which may affect my capacity to act safely and in the best interests of the welfare of myself, other participants and horses, then I take full responsibility for any consequence of such medical condition or impairment;
10. To comply with AERA and the Association's Ride Rules and any reasonable instruction, request or direction from ride officials as to the safety and well-being of myself and other participants, and the management of horses;
11. That due to diseases such as equine influenza, then relevant Government departments, may restrict or prevent the movement of horses, vehicles and personnel for a period of time, otherwise known as a "standstill". I acknowledge that a standstill is a risk of competing and agree to pay any costs or expenses incurred by any person or organisation for and behalf of my horse(s) as a result of the standstill.



I have read and understood this document and hereby apply for DAY Membership of the SAERA. If accepted as a DAY member, I agree to comply with SAERA's Constitution, and the AERA Inc. and SAERA rules, policies and procedures.

Applicant Name \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## JUNIOR MEMBERSHIP

A junior DAY member is a person who attains the age of 17 years or less in the calendar year of the DAY membership

**If the applicant is a Junior DAY member then the following declaration must be completed by the junior's parent/guardian:**

As parent/guardian of the junior DAY member:

1. I warrant the accuracy of the assurances and warranties given above on behalf of the participant;
2. I provide the above undertakings both on my own behalf, and, to the extent permitted by law, on behalf of the participant; and I indemnify the Association and all the persons specified above against all liability and claims brought by or on behalf of the participant arising out of or in any way associated with the activity.

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

## PHOTOGRAPHY PERMISSION

I..... DO / DO NOT (cross out relevant) grant SAERA permission to use and/or reproduce any photos taken of me/my child/ward (cross out relevant) by authorized event photographers, for the purpose of publication, promotion, illustration, advertising or trade in any manner or in any medium.

I acknowledge I am:

- Over the age of 18yrs or
- The legal guardian of the Junior DAY Member

Signature: \_\_\_\_\_

Junior Name: \_\_\_\_\_ Date: \_\_\_\_\_