



Ranch Sorting National Championships Australia
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Competing Member Acknowledgement

*****This signed form must accompany ALL new memberships and renewals*****

I hereby apply for membership with RSNCA and agree to abide by the rules and regulations of the RSNCA and decisions made by Event Producers.

I have read the RSNCA Rule Book and understand the rules of RSNCA Ranch Sorting.

I understand that RSNCA may consider the application and decide whether or not to accept the applicant. The applicant must be notified but RSNCA is not bound to give any reason for the rejection of an application.

I understand that Competing Memberships are non-refundable and non-transferable.

In consideration for being permitted to participate in any way in horse sport activities, I, the undersigned, 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 that I compete at my own risk.
- 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 that I have read and understood the Risk Warning & Waiver of Liability attached to this form and acknowledge that Competing Membership does not include Personal Accident Insurance.

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

Dated: ____/____/____

Signature of member: _____

Print Name _____

FOR COMPETING MEMBERS OF MINORITY AGE (Under Age 18)

This is to certify that I, as a parent/guardian with legal responsibility for this member, acknowledge, understand and accept ALL OF THE ABOVE and consent and agree to my minor child's involvement or participation in horse sport activities. I understand that all riders under 18 years of age must wear an approved helmet, that is properly fastened. At all times whilst mounted.

Dated: ____/____/____

Signature of parent/guardian: _____

Print Name _____