Australian Professional Rodeo Association Inc.

PO Box 264, Warwick, QLD 4370

Phone: (07) 4661 8183 Fax (07) 4661 4990

Email: apra@prorodeo.com.au Web: www.prorodeo.com.au



MEMBERSHIP APPLICATION FORM

CURRENT MEMBERSHIP SEASON – 1ST MAY 2015 – 30TH APRIL 2016

PERMIT	_\$230.00+ \$100 bond _\$170.00+ \$100 bond	I compete in rodeo as a hobby only. I have not registered for an ABN. My ABN is I am not registered to collect GST.
☐ JUNIOR(Under 18) with Rodeo News	\$ 57.00	My ABN is I am registered to collect GST.
Given Name:	Surname	Date of Birth://
Gender:Phone:	Mol	bile:
Fax:Em	ail :	
Residential Address:		
	fill out below If different to reside	
		ential address
Member Signature:		Date:
		nature:
Signature of both Parents/Guardians:		
(If member is aged 18 or under)	u	
Contact details of nearest relative not living wit	•	
		one:
Please tick your payment preference		
If you are applying for Open or Permit membership en		
☐ I have enclosed a cheque for \$	made payable to	APRA.
☐ I have enclosed a money order for \$	\$ made paya	able to APRA.
Please debit \$ from my 0	Credit Card	
Mastercard / Visa Card Number:		Expiry Date:/
Signature	Please note that all credi	it cards will incur an additional 2.2% processing fee.
☐ I have deposited \$ into your	r bank account on (date	Account Name: APRA
If you are making an entry immediately please new membership number otherwise your New		Λ account Number $\Omega(T/T)$

Please ensure you put your name in the description.

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WAIVER ACKNOWLEDGEMENT AND INDEMNITY

IMPORTANT NOTICE TO COMPETITION MEMBERS - YOU MUST READ THIS CAREFULLY

for competition which are designed to protect the competitors and address issues of animal welfare. However, accidents do happen and people do get injured. While the Association has put in place a list of benefits which are set out more particularly below, those benefits are not taken as any form of indemnity and the Association requires that you provide a waiver of your rights in consideration of the matters which are set out below. In requiring that waiver the Association does so in the interest of the sport of rodeo and the continued operations of that sport in the future and the welfare and interests of its competing members.
I,
IN CONSIDERATION of the benefits which are available to me (or on my behalf) by the Association (through its Accident Fidelity Fund/Personal Accident Insurance ("the fund"), the schedule of benefits I have read, acknowledged and accepted as being reasonable compensation) DO HEREBY ACKNOWLEDGE AND ASSUME any risk of personal injury or death and in the event of such injury or death waive any claim which may be made by myself for or on behalf of myself, for such personal injuries or death arising out of my competing in the sport of rodeo, which I (or someone on my behalf) may have against the Association or any person or corporation operating under the auspices and authority of the Association.
FURTHER, for the considerations set out above I indemnify and agree to keep indemnified in the future, the Association and its associates against all liability arising as a result of my negligence (or the negligence of my servants or agents) in respect of any death, bodily injury, disability, damage (including personal and property damage) occurring as a result of such negligence to the fullest extent permitted by law but only to the extent that the Association and its associates are not already indemnified or insured.
I AM AWARE that this is a legal document and that I have had the opportunity of seeking independent legal advice in relation thereto. In the light of that advice (or a waiver of the same on my behalf) I CONFIRM that I have signed this membership application of my own free will accepting as I do the risks in providing the waiver that I have in the terms mentioned above particularly (having regard to the consideration passing between me and the Association). I enclose the payment of the requisite membership fee, which payment is made in consideration of my being granted membership of the Association and competing in the sport of rodeo under the authority and/or auspices of the Association.

All members must be nominated and seconded by a financial member of the APRA in good standing. If you cannot fill this out straight away keep a copy of this page and return with this section filled out within 3 months of submitting membership form. If we do not receive this filled out within the 3 months you will be ineligible to compete until you do.

Witness Name: Witness Signature:

Member Signature:.....

Signature of both Parents/Guardians:....

(If member is aged 18 or under)

Signature of Nominator:	Membership Number:
Signature of Seconder:	Membership Number: