

AUSTRALIAN PROFESSIONAL RODEO ASSOCIATION INC

PO Box 264, Warwick, Qld, 4370 | P: (07) 4661 8183 | F: (07) 4661 4990

E: apra@prorodeo.com.au | W: www.prorodeo.com.au

NEW SENIOR MEMBERSHIP APPLICATION FORM

2020 SENIOR MEMBERSHIP SEASON – 1ST OCTOBER 2019 – 30TH SEPTEMBER 2020

Permit members require a \$100 bond.

- PERMIT** _____ **\$170+** \$100 bond
- NON-COMPETING** _____ **\$60**
- OFFICIAL** (Bullfighter, Stock Contractor, Pick Up Man) **\$230**

- I compete as a hobby & have not registered for an ABN.
- My ABN is _____ I am not registered to collect GST.
- My ABN is _____ I am registered to collect GST.

Have you won a Title with another Association?

Given Name:.....Surname..... Date of Birth:...../...../..... Gender:.....

Phone:.....Mobile:.....Email :

Residential Address:.....

Please fill out below if different to residential address

Postal address:.....

Member Signature:..... Date:.....

Witness Name:.....Witness Signature:.....

Signature of both Parents/Guardians:.....

(If member is aged 18 or under)

Contact details of nearest relative not living with you.

Name:.....Email:.....

Address:..... Phone:.....

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.

Signature of Nominator:..... Membership Number:.....

Signature of Seconder:..... Membership Number:.....

Please tick your payment preference from the following payment options:

If you are applying for Permit membership ensure you include the \$100 bond in the price.

- I have enclosed a cheque/money order for \$..... made payable to APRA.
- Please debit \$..... from my Credit Card

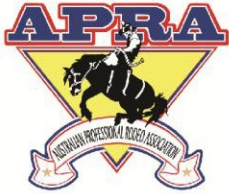
Mastercard / Visa Card Number: Expiry Date:...../.....

Signature..... Please note that all credit cards will incur an additional 2.2% processing fee.

- I have deposited \$..... into your bank account on (date)/...../.....

| |
|---|
| Direct Deposit Details |
| Account Name: APRA |
| BSB: 034226 |
| Account Number: 286385 |
| Please ensure you put your name in the description and send a copy of the receipt to us. |

If you are making an entry immediately please phone the Head Office to get your new membership number otherwise your New Member Pack and card will be posted you.



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WAIVER ACKNOWLEDGEMENT AND INDEMNITY

IMPORTANT NOTICE TO COMPETITION MEMBERS - YOU MUST READ THIS CAREFULLY

Rodeo is a dangerous sport and people get injured in the course of their participation. The Association has put in place rules 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,(please print name) applicant for membership, of the Australian Professional Rodeo Association Incorporated, do solemnly and sincerely swear that the information provided above is true and correct and agree to be bound by the rules of the Australian Professional Rodeo Association Incorporated (APRA Inc). I ACKNOWLEDGE that I am aware that the sport of rodeo does by its nature have inherent risks of personal injury to its participants.

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.

Member Signature:..... Date:.....
Witness Name:.....Witness Signature:.....
Signature of both Parents/Guardians:.....
(If member is aged 18 or under)

