

YEARLY MEMBERSHIP APPLICATION

2023

Member Details: RENEWAL ONLY

| Name: | | | Male Female |
|--|--|------------------------|---|
| Membership number (if known) # | | | |
| (If any of your details have changed; please f | | n below) | |
| New Member Details or Change of Add | ress for current member: | | |
| | | | Mole Female |
| Name: | | - | Male Female |
| Address: | | Suburb | o |
| State: | _ Post Code: | Mobile | <u> </u> |
| Date of Birth: | Email: | | |
| Disease make all 5 to 10 years and low- | | بط امان ما امان | |
| Please note all 5 to 10 year and Junio | Open or Associate membe | - | y a parental membership of either an |
| Under 5 Years Membership FREE | Junior Membership \$65 | | Open Membership \$85 |
| 5 to 10 Years Membership \$20 | Associate Membership \$20 or riders wishing to ride in a higher d | | **PLEASE TICK APPLICABLE DIVISION |
| to the Code of Conduct which is on this f Members/Guardians | orm. I understand that I must al | | |
| Signature | | Date | e: |
| | OUCT OF THE QUEENSLAND BARR or of the QBRA, I am agreeing to abid the following. | | G ASSOCIATION ules and conditions of the QBRA and agree to |
| Section 13:27 - Conduct that is not in the b discretion of the QBRA Board. This includes sponsors, especially on public forums such as | any direct or indirect derogatory cor | mbers may nments ab | result in forfeit of membership rights at the out QBRA including its members, promoters & |
| This includes any direct or indirect derogator forums and all social media. This also includes | | | mbers, promoters & sponsors, including public |
| No competitor shall conduct himself/herself in the Association or its members. | any manner which, in the opinion of | of the QBRA | A Board and Committee, brings ill repute upon |
| This includes but is not limited to: | | | |
| Either verbal or physical attacks/abu | se of another person | | |
| , | hat is unbecoming of a member and | is not resp | ectful of others |
| Harassment of any group or individu | | | |
| Uttering obscenities, ridicule or baiti | - | | Dele |
| Members/Guardian Signature _ | | | Date: |
| rase select one of the following payment optic | | | |
| ☐ I have enclosed a cheque for \$ ma | | | |
| I have enclosed a money order for \$ | | | |
| I have paid cash \$ at Event/Show (o | | | |
| Direct Deposit: Commonwealth Bank of Aus | stralia – BSB -064-412 Account # 102 | 28 6135 | |

Risk Warning and Waiver of Liability

| Name of Provider ¹ | Queensland Barrel Racing Association | | |
|-------------------------------|--------------------------------------|------------|-----------|
| Address of Provider | | State: QLD | Postcode: |
| | | | |
| Name of Participant | | | |
| Address of Participant | | State: | Postcode: |

The following pages affect your legal rights and obligations. Please read these carefully and only sign if you fully understand their contents. For Participants under 18 years of age, these documents must be completed by a parent or legal guardian.

Description of Activities²:

| Barrel Racing Competion and Training Days | |
|---|--|

Risk Warning

I am aware that by my participation in any activities arranged by the Provider, certain risks or dangers may occur which could include:

- Physical, bodily or psychological injury or death.
- Physical exertion to which I am not accustomed.
- Failure of equipment or use of inadequate equipment.
- There may be no or inadequate facilities for treatment or transport to treatment if I am injured.
- The conditions in which the activities are conducted may vary without warning.
- I may cause injury to other persons and/or other persons may cause injury to me.
- I may be injured or die due to the negligence, breach of contract or breach of statutory duty or guarantee of the provider.

I acknowledge that the activities are being undertaken for the purposes of recreation, enjoyment or leisure, and involve a significant degree of risk of physical harm.

I acknowledge that the Activity may be undertaken with one or more other persons as part of a group and that the Provider is not liable for the actions of other participants in the group activity.

By signing below, I acknowledge, agree and understand that the risks associated with the Activities and/or recreational services have been explained to me. I undertake any such risk voluntarily and at my own risk.

I acknowledge that the risk warning above constitutes a "risk warning" in accordance with the Civil Liability Act 2002 (NSW) and the Civil Liability Act 2002 (WA).

Participant's Warranties

I agree to abide by any of the Provider's rules, and any direction or instruction given to me by the Provider during the course of the Activities. I agree to use and/or wear any equipment given to me by the Provider.

I declare that I am medically and physically fit and able to participate in the Activities. I acknowledge that I must, and agree that I will, disclose any pre-existing medical or other condition, injury or concern that may affect the risk that either I or any other person will suffer injury, loss or damage during the course of the Activities and notify the Provider of any injuries, illness or concerns that may arise during the Activity. I will not engage in any reckless, negligent or foolish behaviour or any other behaviour that is likely to cause injury to me, any other participant or person.

I agree that if I suffer any injury or illness, the Provider may provide evacuation, first aid and/or medical treatment at my expense and that my acceptance of these terms and conditions constitutes my consent to such evacuation, first aid and/or medical treatment. I declare that I have not consumed any alcohol or mind altering substance, or medication that may impact my judgement or physical capacity, before or at the time of engaging in the Activities.

Exclusion of liability

I agree to and unconditionally release, waive, discharge and forever hold harmless, the Provider or any of its employees, agents, directors or officers, from any claims as a result of any personal injury sustained, whether caused by the Provider's negligent act or wilful act or omission, breach of contract, breach of statutory duty, error, or otherwise in connection with or arising out of the Activities. I agree that the Provider will not be liable for any claims for personal injury that may be brought against it as a result of or in connection with any act, omission, default, failure or error on the part of the Provider, and agree to indemnify and keep indemnified the Provider in respect of any such claims.

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¹ Provider includes the officers, employees, agents, contractors, franchisees and assigns of the Provider.

² Activities includes all activities and services ancillary to or associated with the named Activity, both before and after the Activity, including transportation to and from the location of the Activity whether provided by the Provider or not, briefings, inductions, training, and the provision of information in all manuals, safety guidelines and other documentation provided to or made available to the Participant with respect to the Activity, familarisation with clothing or equipment and methods of operation of equipment and the wearing and removal of any clothing or equipment associated with the Activity. Unless otherwise specified, a reference to an Activity is a reference to a recreational service or a recreational activity as defined in relevant legislation referred to herein.

Waiver

It is possible for a supplier of recreational services to ask you to agree that the statutory guarantees under the *Australian Consumer Law* (which is schedule 2 to the *Competition and Consumer Act 2010* (Cth)) do not apply to you. If you sign this form, you will be agreeing that your rights (or the rights of a person for whom or on whose behalf you are acquiring the services) to sue the Provider in relation to the Provider's services or the activities that you undertake because the services or activities provided were not in accordance with the guarantees are excluded, restricted or modified as set out below.

For Queensland, New South Wales, Western Australia, Tasmania, Northern Territory and Australian Capital Territory and Commonwealth

By signing this form, you agree that the liability of the Provider in relation to the activities (as defined by the Competition and Consumer Act 2010 (Cth), the Consumer Affairs and Fair Trading Act (NT) and the Australian Consumer Law) and recreational activities (as defined by the Civil Liability Act 2002 (NSW) and the Civil Liability Act 2002 (WA)) for any:

- (a) Deaths;
- (b) Physical or mental injuries (including the aggravation, acceleration or recurrence of such an injury);
- (c) The contraction, aggravation or acceleration of a disease;
- (d) The coming into existence, the aggravation, acceleration or recurrence of any other condition, circumstance, occurrence, activity, form of behaviour, course of conduct or state of affairs in relation to an individual:
 - (i) That is or may be harmful or disadvantageous to you or the community; or
 - (ii) That may result in harm or disadvantage to you or community;

That may be suffered by you (or a person for whom or on whose behalf you are acquiring the services) resulting from the supply of the recreational services or recreational activities is excluded.

You acknowledge and agree that the above provision operates to exclude the liability of the Provider as a result of a breach of an express or implied warranty that the recreational services will be rendered with reasonable care and skill in accordance with section 5J of the *Civil Liability Act* 2002 (WA) and section 5N of the *Civil Liability Act* 2002 (NSW).

Declaration and Signature

| I have read carefully and uninducement of any kind. | derstand this risk warning and waiver of liability a | nd sign it feely and voluntarily withou |
|--|--|---|
| Signature of Participant: | Date: | |
| Signature of Witness | Date: | |
| For Participants under age | 18 | |
| accept all of the above and charmless the Provider from ar | arent/guardian with legal responsibility for the Par consent to his/her release as provided above. I re by and all liabilities arising from my minor child's invo- even if arising from the negligence of the Provider. | lease and agree to indemnify and hold bluement or participation in the Activities |
| Signature of Legal Guardian: | Date: | |
| Name (Print): | | |
| Signature of Witness | Date: | |

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