



Sunshine Coast Riding for the Disabled (RDA) Inc.

Annual Membership Application / Renewal Form 2025

1 January 2025 - 31 December 2025 Individual membership \$65

www.scrda.org.au 5472 7280 admin@scrda.org.au ABN 60945261098

I am	joining	renewing as a	volunteer	participant	both
Member Name _____		DOB _ _		(xx/xx/xxxx)	
Email address _____		Phone _____			
Address _____		Suburb _____		PC _____	
Emergency Contact Name _____		Phone _____			
Relationship to Member _____		Participant Height ____cm		Weight ____kg	
Volunteer Blue Card No _____		Expiry _____		Card type V or P	
I am a member with _____		without a disability		NDIS Client No _____	
NDIS Plan End Date _____		Email for Invoice _____			

Does the member suffer from any of the following **YES** **NO**(please select)

Epilepsy/Fits Heart Condition Uneven Pupils Recent Surgery

Allergic Reactions _____ (please describe)

Physical Limitation _____ (please describe)

Tetanus Immunisation - It is particularly important that people dealing with horses are immunised against tetanus. SCRDA highly recommends ensuring you are immunised against tetanus.

I understand that as a member of the Sunshine Coast Riding for the Disabled (RDA) Inc. I agree to abide by the constitution, rules, policies and Code of Conduct. (Available on website or copies supplied on request).

Agree to Photo/Media Release yes no Photo/Media Release Form completed yes no

I have read and agree to the Release and Waiver of Liability that Horse Sports are a Dangerous Activity (please sign on the back of this form)

Sunshine Coast Riding for the Disabled (RDA) Inc
PO Box 517, Eumundi , QLD 4562

EFT to Suncorp account
BSB: 484 799 Acct No : 002759281

Office Use Only

M/S Paid \$ _____	VOLUNTEER	O & I _____	PARTICIPANT	EAL
Cash Cheque EFT	Centre	Blue Card Y/ N	Day _____Time _____	Hippotherapy
EFTPOS Voucher	Laurie's Farm	Applied _____	Green / Orange	Saddle Club -
Database	Maintenance	Verified / Linked	Therapeutic Ride	Junior Advanced
MYOB	Fund Raising	IA Completed	Horse Interaction	Intermediate
	Other	Medical Form	Carriage Driving	Camp / picnic

Release and Waiver of Liability

Horse Sports are a Dangerous Activity

Supplier of recreational service: Sunshine Coast Riding For the Disabled (RDA) Inc

In consideration for being permitted to participate in any way in horse sport activities, I understand, acknowledge and accept that:

Horse sports are a dangerous recreational activity and horses can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt.

There is significant risk that serious INJURY or DEATH may result from horse sport activities and in particular this activity.

I/We confirm the Recreational Service Supplier has explained this document to me/us and I/we am/are aware of the implications, intent and effect of agreeing to sign the document. I/We furthermore confirm I/we am/are aware of the obvious risks associated with activities involving horses and I/we knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Recreational Service Supplier (hereafter referred to as the "Releasees") or others and I voluntarily PARTICIPATE at my OWN RISK and assume sole responsibility for any injury, death or property damage I may suffer that arises from my participation in horse related activities.

I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs before and during the activity 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 activity.

I agree to follow the directions given to me and that any misconduct or refusal by me to follow any direction can result in the CANCELLATION of participation in the activity and my immediate removal from any horse NO MATTER where that may occur. I understand that any such non-compliance may result in injury, death and/or permanent disability and I agree to indemnify the Releasees against all claims made by any person as a result of my failure to comply.

I agree to wear a helmet at all times whilst participating and agree that I am solely responsible for ensuring that I wear a suitable helmet at all times and take sole responsibility for my actions.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS AND AGREE NOT TO SUE the Recreational Service Supplier, their officers, officials, volunteers, coaches, agents and/or employees, other participants, sponsoring agencies, sponsors and if applicable, owners and lessors of premises used to conduct the activities (all of whom are referred to as "Releasees") WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

Agreement to exclude, restrict or modify your rights:

I agree that the liability of the above named Recreational Service Supplier for any personal injury that may result from the supply of the recreational services that may be suffered by me (or a person for whom or on whose behalf I am acquiring the services) is completely and unconditionally —

(a) excluded;

I/we have had sufficient opportunity to read this release of liability and assumption of risk agreement or where required, explained to me/us, fully understand its terms, understand that I/we have given up substantial rights by signing it, and sign it freely and voluntarily without inducement, undue pressure or influence of any kind.

Print Participant Name: _____

Signature: _____ **Date:** _____

If under 18, Parent/Guardian _____ (print name) to sign above.