



Agreement for Casual Members

I wish to participate in _____ Event/Activity to be held at _____
_____ on ____/____/____

1. MY DETAILS

Surname:	First Names:	Date of Birth: ____/____/____
Address:		
Post Code:	Email:	
Phone: Day:	Evening:	Mobile:

2. EMERGENCY CONTACT

Surname:	First Names:	Relationship:
Phone: Day:	Evening:	Mobile:

3. APPLICANT DECLARATION (to complete if over 18 years of age)

I acknowledge and agree that I do not have any medical conditions which may impact on my participation in the above Event/Activity or if I do, I have disclosed them to _____ (relevant person).

I also agree to NZPCA (located at PO Box 8626, Havelock North) holding such information included on this form and as I supply to it or authorise it to collect in respect of me or which otherwise comes into its possession and authorise the release of this information to NZPCA Members or any other persons or organisations that the Board of NZPCA may think conducive to furthering the interests and objectives of NZPCA.

I understand that my personal information will be held securely by NZPCA, that I will have access to it and that it will be corrected upon request from me under the Privacy Act 1993.

I understand and acknowledge that I will be bound by the NZPCA Constitution, Regulations, and policies while participating in Limited Pony Club Events and/or Activities.

I will not hold the Branch, Club, Area or NZPCA or their respective officers responsible for any claims, losses, expenses and costs (including legal costs) which may arise from or in connection with my membership and/or participation in the above Event/Activity except in the case of gross negligence or a wilful act or omission on the part of the Branch, Club, Area or NZPCA.

I indemnify the Branch, Club, Area or NZPCA from all claims, losses and expenses (including legal costs) suffered or incurred at any time as a result of, or resulting directly or indirectly from, my failure to observe the constitutions, regulations, policies, manuals, guidelines and reasonable directions of the Branch, Club, Area or NZPCA respectively.

I also understand that this Agreement only permits me to participate in the above Event/Activity.

I also acknowledge that I am the Person Responsible for any horse that I ride during Limited Pony Club Events and/or Activities.

Signed _____ Date _____

4. PARENT/GUARDIAN/CAREGIVER CONSENT (for applicants under 18 years of age)

I am the parent/guardian/caregiver of the applicant who is under 18 years of age. I have read and understand this form and the Membership Declaration. I consent to the applicant's application for membership on the basis set out in this form and the Membership Declaration.

I also consent, or am authorised to consent, that the applicant does not have any medical conditions that may impact on their participation in the above Event/Activity or if they do I have disclosed them to _____ (relevant person).

I acknowledge that because the applicant is under 18 years of age, when I am present at a Limited Pony Club Event and/or Activity in which the applicant is participating in, I am the Person Responsible for any horse that the applicant rides at a Limited Pony Club Event and/or Activity.

I also understand and acknowledge that as a Person Responsible for a Horse I will be bound by the NZPCA Constitution, Regulations, and policies while the applicant participates in Limited Pony Club Events and/or Activities.

Signed _____ Date _____

Surname:	First name:
Phone: Home:	Work: Mobile:

5. BRANCH, CLUB, AREA AND NZPCA USE ONLY

Signed Branch/ Club or Area Officer: _____ Date: _____

Note: All definitions in this document have the same meaning as set out in the NZPCA Membership regulation.