



**CENTRAL WESTERN PERFORMANCE  
HORSE CLUB INC.  
P.O. BOX 1235  
DUBBO NSW 2830**

**JO MCCONNEL  
CLINIC**

**Sat 11<sup>th</sup> December 2021**

**COURTNEY NORBURY  
CLINIC**

**Sun 12<sup>th</sup> December 2021**

**Undercover@Dubbo showground**

Rider \$140

Fence sitter \$40

Rider \$140

Fence sitter \$40

Rider Experience level: Beginner  Intermediate  Advanced

Please complete one form per participant

**DEPOSIT \$50.00 MUST BE PAID (NON REFUNDABLE) TO RESERVE RIDING POSITION**

Riders Name: \_\_\_\_\_ PIC: \_\_\_\_\_  
(age if under 18yrs)

Postal Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

STABLING: \$26/stable/night– CAMPING: \$26/night.

NO. OF STABLES REQUIRED: \_\_\_\_\_ NO. OF DAYS REQUIRED: \_\_\_\_\_ CAMPING: \_\_\_\_\_

**To Ride at the clinics you must either be a CWPB member or pay day membership**

Day Membership for non-members \$40.00 – if you wish to become a member of CWPB, please complete the membership form attached and return with payment.

**DEPOSIT – DATE PAID \_\_\_\_\_ \$ 50.00**

**BALANCE INCL STABLING/CAMP/M'SHIP TO BE PAID BY 10<sup>th</sup> Dec 2021 \$ \_\_\_\_\_**

**TOTAL PAID \$ \_\_\_\_\_**

EMAIL COMPLETED FORM TO [lundybos@gmail.com](mailto:lundybos@gmail.com)

DEPOSIT FUNDS to

A/C name:-Central Western Performance Horse Club - BSB – 032-646 - A/C 256669

**PLEASE** use your 'Surname/Norbury or McConnel clinic' as a reference on the bank transfer.



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## MEMBERSHIP APPLICATION (Aug 2021/2022)

I/We \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_ PIC: \_\_\_\_\_

Hereby agree to renew my/our

- Family membership \$80.00
- Single membership \$50.00
- Youth membership \$30.00
- Day Membership \$40.00

I/We hereby agree to abide by the Constitution, Rules & Regulations of the Central Western Performance Horse Club Inc.

I have sent a cheque/money order/cash for \$\_\_\_\_\_

I have deposited \$\_\_\_\_\_ into CWPBHC inc. account

BSB - 032-646, A/C – 256669, Ref – Member/Surname

Youth names & date of birth: Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_

Full name/s of adult family members

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

Would you like club correspondence sent to you by Email: (please circle) Yes No

The following information is required if you intend to show at our Club shows.

Please provide a copy of your Breed membership card & your horses registration if applicable)

BREED	HORSES NAME	REG #	HENDRA VAC
			YES / NO
BREED	NAME OF MEMBERSHIP	MEMB #	

**Please Email to: Natalie Lund- lundybos@gmail.com**



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## Member Acknowledgement 2021/2022

### HORSE RIDING AND PARTICIPATION IN HORSE RELATED ACTIVITY IS DANGEROUS

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

Horse riding and participation in horse related activities is/are dangerous recreational activities and horses and cattle can act in a sudden and unpredictable (changeable) way, especially if frightened or hurt.

There is a significant risk that serious **INJURY** or **DEATH** may result from participating in horse related competition or activities.

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 any horse activity.

I agree to abide by the Rules & Regulations of the Australian Quarter Horse Association and Central Western Performance Horse Club inc its Affiliated clubs and/or management/organizer of the activities and that I will follow all directions of the management/organizer of the activities. My failure or refusal to do so can result in **my immediate disqualification** from the activities and the forfeiting of all fees paid in relation to the activities. I understand that any such non compliance may result in injury, death and/or permanent disability.

I agree to wear a helmet of the currently approved Australian standard in all activities where the Rules & Regulations governing the activity require the wearing of a helmet, I am solely responsible for ensuring that I wear a suitable helmet correctly when required and take sole responsibility for my actions.

**Horse Experience - Not limited to riding:** (tick where appropriate)

Very experienced participant/competitor  Novice participant/competitor  Never participated/competed

I understand that the Australian Quarter Horse Association and Central Western Performance Horse Club (inc) its Affiliated clubs and/or the Management/organizer takes due care to ensure that the venues chosen are safe and suitable, any equipment provided for the purpose of such activities is maintained in good condition and the Association's/management/organizer's staff are appropriately trained.

I further confirm I am in good health and do not suffer from any disability which will affect my ability to participate. I have had sufficient opportunity to read this document, fully understand its terms and sign it freely and voluntarily without inducement of any kind.

Name(s) (Please Print)

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Sign/Signature