



# KING RIVER HORSE & PONY CLUB (INC) GROUNDS MEMBERSHIP 2024

[www.kingriverponyclub.org.au](http://www.kingriverponyclub.org.au)

[kingriverponyclub@gmail.com](mailto:kingriverponyclub@gmail.com)

GROUND MEMBER NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ POSTCODE: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
NEXT OF KIN : \_\_\_\_\_  
NEXT OF KIN CONTACT PH: \_\_\_\_\_

## INSURANCE DETAILS:

Do you have insurance for 2024? (YES / NO)

NOTE: - Riders under 18 years **MUST** be a current financial member of PCWA

(if yes) please state insurance Number (EWA, SHC, PCWA): \_\_\_\_\_

(if no) please log onto <https://pca.justgo.com> to purchase appropriate insurance. All Grounds Use Members must have VALID insurance!

THIS FORM IS ONLY REQUIRED IF YOU DO NOT REQUIRE ANY PCWA INSURANCE

FEES PAYABLE	Riding Member 1 Details	TOTAL
Ground Usage Membership (Admin fee, Ground Fee & Ground Maintenance Fee)	\$200.00 (\$150 early bird special if paid before 31/1/24)	\$
MEMBERSHIP No (EWA, SHC, PCWA)		
<b>TOTAL PAYABLE</b>		<b>\$</b>
<b>Receipt Number</b>		<b>Payment type</b>

PAYMENT MAY BE MADE BY DIRECT DEPOSIT

ACCOUNT NAME – **King River Horse & Pony Club Inc**  
Bendigo Bank  
BSB: 633-000  
Account Number: 168276145

REFERENCE: Surname 2024Grounds



## GROUNDS MEMBERSHIP FORM Continued (for additional Family Members residing in the same house)

[www.kingriverponyclub.org.au](http://www.kingriverponyclub.org.au)

kingriverponyclub@gmail.com

- Riders under 18 years **MUST** be a current financial PCWA member

Riding Member 2 Details			
Full Name			
Date of Birth		Age at 1/1/24	
Ground Usage Membership <i>(Admin fee, Ground Fee &amp; Ground Maintenance Fee)</i>	\$150.00		\$
MEMBERSHIP No <i>(PCWA)</i>			

Riding Member 3 Details			
Full Name			
Date of Birth		Age at 1/1/24	
Ground Usage Membership <i>(Administration fee, Ground Fee &amp; Ground Maintenance Fee)</i>	\$120.00		\$
MEMBERSHIP No <i>(PCWA)</i>			

Riding Member 4 Details			
Full Name			
Date of Birth		Age at 1/1/24	
Ground Usage Membership <i>(Administration fee, Ground Fee &amp; Ground Maintenance Fee)</i>	\$100.00		\$
MEMBERSHIP No <i>(PCWA)</i>			

	<b>TOTAL PAYABLE</b>	<b>\$</b>
Receipt Number		Payment type

PAYMENT MAY BE MADE BY DIRECT DEPOSIT

ACCOUNT NAME – **King River Horse & Pony Club Inc**  
 Bendigo Bank  
 BSB: **633-000**  
 Account Number: **168276145**

REFERENCE: **Surname 2024Grounds**

1. Grounds members must have insurance (either EA, SHS, PCWA Insurance or similar) before being allowed to ride on King River grounds.
2. Use of the grounds as per conditions as set out in the “Ground Use Conditions” below and agreed to pay the ground use and ground maintenance fee.
3. Receives newsletters and programmes by email
4. As a member you are prepared to assist at busy bees or contribute in some way to the upkeep of KRHPC grounds and in doing so agree to accept some ownership in the upkeep and maintenance of the grounds.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## **GROUND USE CONDITIONS**

I acknowledge and agree that: -

- a) By payment of the above fee, I am permitted to ride on the King River Horse & Pony Club grounds at all times other than when organised events are being conducted unless I am entered in the said event and on Wednesday and Thursday morning until 1pm when Riding for the Disabled and Carriage Driving for the Disabled is being held (school term time only);
- b) I ride at my own risk and the King River Horse & Pony Club accepts no responsibility for personal injury or property damage of any description whatsoever;
- c) I will not give anyone the padlock code, nor will I allow entry of any person/s that is not a current financial KRPC member.
- d) In the event that I move KRPC equipment, I undertake to return it to its original location, or else acknowledge that this application will be cancelled forthwith with no refund of fees paid;
- e) I will ride with an approved Australian Standard helmet at all times;
- f) I will close gates to the King River Club grounds always.
- g) I will pick up hay and manure from the yards and ensure all rubbish is put in bins provided.
- h) I acknowledge that this ground use membership is valid from 1 January 2024 to 31 December 2024.
- i) I will produce receipt of membership to any official or Committee member if asked.
- j) Dogs must be under control and be on a lead at all times.
- k) By appointment only - visiting riders can pay \$25 per day per horse for the KRHPC grounds. Please arrange prior via the facebook page or [kingriverponyclub@gmail.com](mailto:kingriverponyclub@gmail.com) to organise.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



**PONY CLUB ASSOCIATION OF WESTERN AUSTRALIA INC (PCAWA)**

**DISCLAIMER STATEMENT – PCAWA MEMBERS**

CLUB NAME:.....

CLUB ADDRESS: .....

EVENT: .....  
(hereafter referred to as "EVENT(S)")

I acknowledge and agree as a condition of participating that neither the Club, Coach, Participants, PCAWA or any subdivision thereof, officials, volunteers, medical personnel, any persons, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENT(S), shall be under any liability for my death or any bodily injury, loss or damage which may be sustained or incurred by me, as a result of participation in or being present at the event, except in regard to any rights I may have arising under the Trade Practices Act 1974 (Cth) (or similar State legislation).

I acknowledge that equestrian activities are dangerous and that accidents causing death, bodily injury, disability and property damage, can, and do happen.

BY SIGNING HEREUNDER I CONFIRM HAVING READ AND UNDERSTOOD THE CONTENTS OF THIS DISCLAIMER. I ACKNOWLEDGE THAT THIS DISCLAIMER IS VALID FOR ALL AUTHORISED CLUB, ZONE AND STATE PCAWA EVENTS THAT I ATTEND WITHIN THE TWELVE MONTH PERIOD INCLUSIVE OF AND FOLLOWING THE DATE I HAVE SIGNED THIS FORM.

**Print Name Here**

.....

**PARENT/GUARDIAN CONSENT FOR UNDER 18 YEAR OLD PARTICIPANTS**

I, ..... being the parent/guardian of the above named, ..... confirm that I have read the whole of this document and have taken all necessary actions to ensure I am aware of the activity which the above named, will be asked to participate in and consent to him/her participating. In doing so, I acknowledge that equestrian activities are dangerous and that accidents causing death, bodily injury, disability and property damage can and do happen. I agree that neither the club/coach, participants, PCAWA or any subdivision thereof, officials, volunteers, medical personnel, any persons, promoters, sponsors, advertisers, owners and lessees of premises used to conduct the EVENT(S) shall be under any liability whatsoever for the death or any bodily injury, loss or damage which may be suffered or incurred by the above named or by me in or being present at the EVENT(S) except for any rights the above named or I may have arising under the Trade Practices Act 1974 (Cth) (or similar State legislation).

BY SIGNING HEREUNDER I CONFIRM HAVING READ AND UNDERSTOOD THE CONTENTS OF THIS DISCLAIMER. I ACKNOWLEDGE THAT THIS DISCLAIMER IS VALID FOR ALL AUTHORISED CLUB, ZONE AND STATE PCAWA EVENTS THAT I AND MY DEPENDANT ABOVE NAMED ATTEND WITHIN THE TWELVE MONTH PERIOD INCLUSIVE OF AND FOLLOWING THE DATE I HAVE SIGNED THIS FORM.

.....  
NAME (BLOCK LETTERS)

.....  
SIGNED

DATED THIS ..... DAY OF ..... 2.....