

**TASMANIAN MOUNTAIN CATTLEMEN'S ASSOCIATION INC.**

**MEMBERSHIP TRAINING DAY - MELROSE**

**REGISTRATION FORM**

Saturday 10<sup>th</sup> of May 2025

Please fill and return form to [secretary.tmca@outlook.com](mailto:secretary.tmca@outlook.com)

MR/MRS/MS/MISS.....

AGE (IF UNDER 18) .....

HORSES' NAME .....

ADDITIONAL NAME/S (specify if attendee is under 18) – please also include horses' name:

.....  
.....

PLEASE SPECIFY WHAT AREA OF TRAINING YOU WOULD LIKE TO TAKE PART IN:

NAME: ..... Whip crack  Obstacles  Cattle  Dry Work

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NAME: ..... Whip crack  Obstacles  Cattle  Dry Work

NAME: ..... Whip crack  Obstacles  Cattle  Dry Work

ADDRESS.....

.....Postcode.....

MOBILE.....EMAIL.....

EMERGENCY NAME AND CONTACT .....

**PAYMENT DETAILS**

This is a membership event, please also pay the membership fee if you are not already a member.

Membership fee:

\$30 Senior (18 years and over) \$15 Junior (under 18 years)

Please tick this box if you are paying a membership fee:

**Fees:**

Adult - \$30

Junior - \$20

Under 12 years old – \$10

**Please make payment to:**

TMCA

BSB: 633 000

Acc: 209 567 460

Ref: Your surname and 'Training Day'

**CAN EACH ENTRANT PLEASE READ AND SIGN THE BELOW DISCALIMER STATEMENT  
TASMANIAN MOUNTAIN CATTLEMEN'S ASSOCIATION INC.  
DISCLAIMER STATEMENT**

I, the undersigned on this form, declare that in consideration of and as a condition of this application:

1. I will abide by the rules and regulations that may be made from time to time by the Tasmanian Mountain Cattlemen's Association Incorporated (hereinafter called the Association) in relation to their training day and I will comply with any instructions, rulings or directions of any official of the Association during the said event.
2. I, for myself, my heirs, my executors and administrators, hereby waive all and any claim, right or cause of which I or they might otherwise have for or arising out of my injury or loss of life, damage or loss of any description whatsoever that I might suffer or sustain in the course of consequent upon my participation in the said event. This waiver, release, and discharge shall operate separately in favour of all persons, corporations and bodies involved or otherwise engaged in promoting or staging the training day and the servants, agents, representatives and officials of any of them.
3. I will indemnify and keep indemnified the Association and its servants, agents, representatives and officers against all actions, claims and demands which may be brought or made against the Association (whether in respect of person or property) arising out of my participation in the said training day.

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.

FULL NAME.....

SIGNED.....DATE.....

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

Where any of the above mentioned applicants are under the age of 18 years as at the date hereof to be signed by parent or guardian.

I.....as the parent/guardian of the above named applicant hereby consent to this application by the above named and agree on his/her behalf to be bound by the provisions of paragraphs 1, 2, 3 above.

SIGNED.....DATE.....