



Dilutes Enthusiasts of Victoria Association

Incorporated: A0095203J

Secretary: Emma Spedding

Phone: 0408100714

Email: dilutesenthusiastsvic@gmail.com

2025/2026 MEMBERSHIP & RENEWAL 1st July 2025 to 30th June 2026

Please tick appropriate boxes and **PRINT CLEARLY**

SINGLE MEMBER \$40 *[up to 3 additional people may be attached at \$10 per person]* **TOTAL\$.....**

(all adults must sign a Waiver, Adults for Children under 18yrs)

DEVA Membership No: Surname: First Name:

Postal Address: Street:

Town/Suburb:

State: Postcode:

Email Address:

Telephone: [H] Mobile:

ADDITIONAL NAMES: 1..... 2 3.....

DOB: DOB: DOB:

OR

FAMILY (2 adults and up to 3 children from the same family) [] \$50.00 (all adults must sign waiver)

DEVA Membership No:

Voting Member Name:

Postal Address:

Town/Suburb:

State: Postcode:

Email Address:

Telephone: [H] Mobile:

Members covered under Family membership:

2. Full Name: DOB:

3. Full Name: Junior DOB:

4. Full Name: Junior DOB:

5. Full Name: Junior Dob

Signature (Parent or Guardian if under 18yrs):

I.....agree to abide by the Rules and Regulations of the Association and the Rules of Incorporation of Victoria under which the Association is registered.

Date: Payment: Cheque/Direct Debit (Banking details provided on application)

Dilutes Enthusiasts of Vic Bendigo Bank BSB: 633-000

Acc. No: 169250040

ARE YOU A MEMBER OF THE AHSA? Yes /No MEMBERSHIP NUMBER:

POSTAL ADDRESS: DEVA, The Secretary, E Spedding, 226 Crera Rd Invergordon Vic 3636



The Arabian Horse Society of Australia Ltd.

ABN 12 001 281 590

Street Address: Unit 12, 40 Bowman Street RICHMOND NSW 2753

Postal Address: Post Office Box 415 RICHMOND NSW 2753

Telephone: 02 - 45775366

Fax: 02 - 45877509

Email: secretary@ahsa.asn.au

Website: www.ahsa.asn.au

Release and Waiver of Liability

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 activity and horses 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 horse sport activities.

I understand and acknowledge the dangers associated with the consumption of alcohol or any mind altering drugs and agree not to drink alcohol or take drugs prohibited by law before or during any horse sports activities.

I agree to follow the directions of any event organiser or official and that any misconduct or refusal by me to follow any direction of any organiser or official can result in the CANCELLATION of my participation in the activities and my immediate removal from my horse NO MATTER where that may occur.

I agree to wear an approved helmet at all times whilst participating in the sport where this is required under the relevant AHSA rules and regulations.

I have had sufficient opportunity to read this Dangerous Activity Acknowledgement and fully understand its terms and submit it freely and voluntarily.

I have read and agree to the "Waiver of Liability" above.

FOR PARTICIPANTS OF MINORITY AGE (Under 18 Years)

This is to certify that I, as a parent/guardian with legal responsibility for this participant acknowledge, understand and accept the Waiver of Liability above and consent and agree to my minor child's involvement or participation in Horse sport activities.

☐ I Accept the Terms & Conditions

Members Name(s)

Membership Number

Signatory(ies) for Membership

Date

Signatory(ies) for Membership

Date