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| **emb team penning.jpg** | | **Team Penning Australia Inc.**  [www.teampenningaustralia.com](http://www.teampenningaustralia.com) ABN: 90 086 069 312 | | | | | | | | | | | |
| **President:** Michael Newcombe 0427 441 243 **Vice President:** David Wicks 0428454214 | | | | | | | | | | | |
| **Secretary/ Treasurer**: Von Wicks 0428454215 Email: secretary.tpa@gmail.com  Banking details : BSB – 082592 Account No. - 15 376 7720 | | | | | | | | | | | |
| CLUB AFFILIATION APPLICATION | | | | | | | | | | | | | | |
| Affiliation Fee *Expires 30 June annually. (Payable upon Affiliation Application.)* | | | | | | | | | | | | | | **$200.00** |
| Club/Officer/Official/Volunteer Insurance  *Expires 30 June annually. (Payable upon Affiliation Application.)* | | | | | | | | | | | | | | **$240.00** |
| Event Day Insurance Includes up to first 3 Club days in Affiliation year *(Payable upon Affiliation Application.)* | | | | | | | | | | | | | | **$240.00** |
| *\*\* Insurance Declaration Form to be submitted with Application* **Club Affiliation Application** | | | | | | | | | | | | | | **$680.00** |
| Number of \*Registered Members as per Club Registration Form attached. **@ $22.00 per member** | | | | | | | | | | | | | |  |
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| **TOTAL PAYABLE AFFILIATION APPLICATION & INITIAL MEMBER REGISTRATION** | | | | | | | | | | | | | | **$** |
| 4th Club Day in Affiliate Year *(Payable by 5 days before event) $70* | | | | | | | | | | | | | |  |
| 5th & subsequent Club Days in Affiliate Year *(Payable by 5 days before event) $60* | | | | | | | | | | | | | |  |
| Clinic/Training Days *(Payable by 5 days before event) $30* | | | | | | | | | | | | | |  |
| **ALL EVENTS -** Non–TPA Registered Members “Casual Membership Insurance ” per **EACH DAY** of competition. Per non-member $10  Competitor name & details record and payment to be submitted to TPA within 7 days of event *(Payable within 7 days after event)* | | | | | | | | | | | | | |  |
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| Retain the bottom portion of this page for your information | | | | | | | | | | | | | | |
| **Benefits** | | | | | | | | **Responsibilities** | | | | | | |
| Approved Event Dates promoted with TPA media | | | | | | | | Nominate 2 Registered Members of your Club to be active delegates on TPA Council | | | | | | |
| Access to uniform rules and guidelines | | | | | | | | Committee members (min 2) to undergo TPA induction prior to first event | | | | | | |
| Accredited Officials and Judges at your events | | | | | | | | Provide Dates of Proposed Events for approval to TPA as soon as known. All Affiliates are requested  to avoid holding events on the same days as other Affiliates within a 300klm radius. | | | | | | |
| Competitive club/event insurance cover | | | | | | | |
| Committee members eligible for Judges Accreditation | | | | | | | | Completed & signed copy of Risk Assessment Forms returned to TPA (First event only or upon changes  to venue or procedures) | | | | | | |
| Eligible to apply for Zone/State/National Titles Events | | | | | | | |
| Your Club being active in TPA decision making | | | | | | | | Completed & Signed Incident Reports if applicable returned to TPA within 7 days of incident | | | | | | |
| Assistance in dispute resolution | | | | | | | | Nominations and Results Sheets (signed by Judge) returned within 14 days of event | | | | | | |
| Admin assistance for various compliance obligations | | | | | | | | Insurance Declaration completed and returned by 30 April annually | | | | | | |
| Wholesale prices on TPA stocked product | | | | | | | | Member Register returned by 31 July annually | | | | | | |
| Registered Members accepted at all TPA events | | | | | | | | Member /Committee/ Delegate Register updated within 7 days of changes | | | | | | |
| Registered Members access to optional 24/7 or TPA personal accident cover | | | | | | | | Notify AGM date, provide copy of Fair Trading returns to TPA within 28 days of AGM | | | | | | |
| Registered Members preference for Nominations at Title Events | | | | | | | | Affiliated Clubs rostered for duties at Titles events | | | | | | |
| **Club Affiliate Application - Affiliate & Membership year to 30 June 2026**  Please Complete and Return this form with copy of your Associations constitution and relevant payment to TPA | | | | | | | | | | | | | | | | |
| **Association Name:** | | | | | | | | | | | | | **Date of Last AGM:**  **Estimated Date of Next AGM:** | | | |
| **Incorporated Associations - Incorporation # Non-Incorporated Entity – advise what corporate structure registered & #** | | | | | | | | | | | | | | | | |
| **Club Postal Address:** | | | | | | | | | | | | | | | | |
| **Club Contacts Name** | | | | | | | | | | **Phone:** | | | **Mobile:** | | | |
| **Club Email:** | | | | | | | | | | | | | | | | |
| **Club Website:** | | | | | | | | | | | | | | | | |
| **President Name:** | | | | | | | | | | **Phone:** | | | **Mobile:** | | | |
| **President Email:** | | | | | | | | | | | | | | | | |
| **Vice President Name:** | | | | | | | | | | **Phone:** | | | **Mobile:** | | | |
| **Vice President Email:** | | | | | | | | | | | | | | | | |
| **Secretary Name:** | | | | | | | | | | **Phone:** | | | **Mobile:** | | | |
| **Secretary Email:** | | | | | | | | | | | | | | | | |
| **Public Officer Name** | | | | | | | | | | | | | | | | |
| **First Aid Officer/s** | | | | | | | | | | | | | | | | |
| **Animal Welfare Officer/s** | | | | | | | | | | | | | | | | |
| Please record the personal contact details for nominated Delegates – not the club contact details.  These delegates form part of TPA Council and notices and details of Council matters will be directed to each delegate separately and may contain information not yet ready for distribution to Clubs. | | | | | | | | | | | | | | | | |
| **TPA Council Club Delegate 1 Name**  **Members TPA Membership Number or new member**  **Phone: AH BH Mob**  **Email:** | | | | | | | | | | **TPA Council Club Delegate 2 Name**  **Members TPA Membership Number or new member**  **Phone: AH BH Mob**  **Email:** | | | | | | |
| **Name & Address of Venue/s where Club events are held.** | | | | | | | | | | | | | | | | |
| **If your club requires these premises to be endorsed as interested parties on the TPA insurance policy please ensure you list this specifically on your Insurance Declaration Form.** | | | | | | | | | | | | | | | | |
| **Anticipated Dates and Events in coming affiliation year**  when dates /events are approved and confirmed, they will be added to the TPA event calendar and other TPA media | | | | | | | | | | | | | | | | |
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| **MEMBERS DETAILS**  **Please record each riding member of your club and any non-riding members on your committee**  A Membership Fee of $5 and $17 Member Insurance Fee per Member Registered with TPA shall apply. Payable upon Application for Club Affiliation and upon new Membership Registrations as they occur  If a member is not listed on this register (or added within 7 days of joining membership of your Affiliated Club) they will not be eligible to participate in TPA affiliated events without payment of any  day insurance or casual member rates applicable at such times. All participating members are to be listed individually here even if your club offers discounted family membership  Members may only be **REGISTERED** with one Affiliated Club. However the member may choose to be part of multiple clubs memberships – do not include these “visiting” members on this register as they are not required to pay the $22 TPA fees for second and subsequent memberships  Please note that personal details will not be used for any purpose other than for TPA administration matters | | | | | | | | | | | | | | | | |
| **Club Member #** | | | **Surname** | | **First Name** | | **DOB** | **Postal Address**  (use more than 1 line per member  if more space is required) | | | **P/Code** | **Phone** | | **Email** | | |
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| **Team Penning Australia Inc. Indemnity Waiver 2025-2026** Copy this page as required to record more Registered Members Waiver Signatures |

In consideration for being permitted to participate in any way in team penning and other associated activities and to be accepted as a Registered Member to Team Penning Australia Inc and the Affiliated Club

through which my membership is hosted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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 way, especially if the animal is frightened or hurt.
* There is significant risk that serious **INJURY** or **DEATH** may result from participating in horse related competition or activities.
* I knowingly and freely assume all such risks, both known and unknown , even if arising from negligence of the organizers of a Team Penning Australia Inc Affiliated event, and/or management/organiser or others, that I voluntarily **PARTICIPATE AT MY OWN RISK** and assume sole responsibility for any injury, de
* ath or property damage I may suffer that arises from my participation in horse related activities related to events run by Team Penning Australia Inc. and it’s Affiliates
* I agree not to drink alcohol or take drugs prohibited by law before or during any Team Penning horse activity.
* I agree to abide by the rules, regulations and follow all instructions of the Event Organisers and Officials of a Team Penning Australia Inc Affiliated event and/or management/organiser of activities approved by Team Penning Australia Inc. My failure or refusal to do so can result in my immediate disqualification from the Team Penning activities and forfeit all fees paid.
* Members and participants not having attained 18 years of age are required to wear an approved safety helmet of the currently approved standard.
* As a person having attained the age of 18 years I acknowledge that I have been advised that the wearing of an approved safety helmet of the currently approved standard is strongly recommended and the failure by me to wear such protective helmet shall void any claim which may arise as the result of injury sustained in any Team Penning Australia Inc. Affiliated activity in all Team Penning activities where the rules and regulations governing the team penning activity require the wearing of a helmet. I am solely responsible for ensuring that I wear a suitable helmet when required and take sole responsibility for my actions.
* I understand that Affiliated Clubs and Team Penning Australia Inc and/or management/organiser take due care to ensure that venues chosen are safe and suitable, any equipment provided for the purpose of team penning activities is maintained in good condition and the Official representatives of Team Penning Australia Inc and Affiliated Event organisers are appropriately trained. I also understand that neither Team Penning Australia Inc. and it’s Affiliated Clubs or organizers of Affiliated Events will be liable for any loss, damage or injury suffered by me or any child under my care as a result of participating in team penning related horse activities, whether caused by Team Penning Australia Inc. it’s Management, Directors, Affiliates or Officials or otherwise.
* 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 release of liability, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without inducement of any kind.
* I understand that my signature to this document constitutes a complete and unconditional release of all liability of Team Penning Australia Inc and it’s Management, Directors, Affiliates or Organisers of Affiliated Events to the greatest extend allowed by law in the event that me and/or the children under my care suffering injury or death as a result of participating in team penning related activities.

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| **Member**  **#** | **X**  under 18 | **Signature** | Horse Riding Experience | | | Horse/Cattle Work or Sport Experience | | |
| **Experienced** | **Novice** | **Beginner** | **Experienced** | **Novice** | **Beginner** |
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| aon_logo_black  Application to join Team Penning Australia Inc  insurance program  (required for your club to receive a certificate of insurance) | | | | | | | | | | |
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| Name of Club |  | | | | | | | | | |
| Postal Address |  | | | | | | | | | |
|  |  | | | | | | | | | |
| Contact Name |  | | | | | | | | | |
| Phone Number |  | | | | | Facsimile Number | | |  | |
| Email |  | | | | | | | | | |
| Website address (if applicable) | | | | |  | | | | | |
| Total number of members | | | | | |  | | | | |
| President’s Name | |  | | | | | | | | |
| Phone Number |  | | | | | Email |  | | | |
| Secretary Name | | |  | | | | | | | |
| Phone Number |  | | | | | Email |  | | | |
| Treasurer’s Name | |  | | | | | | | | |
| Phone Number |  | | | | | Email |  | | | |
| Is the club incorporated | | | Yes 🞏 No 🞏 | | | No of club volunteers | | | |  |
| Address of clubs home grounds | | | |  | | | | | | |
| Are these grounds owned 🞏 leased 🞏 hired 🞏 | | | | | | | |  | | |

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| Total Assets | $ | Total Liabilities (debts) | $ |
| Total Income  (This means all income to the club including fees, grants, memberships, sponsorships and before expenses any are deducted) | | | $ |

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| Does the club have the following:  (Tick those applicable) | a constitution: 􀂆  certified first aid officers  rules & regulations:  risk management program  hot weather policy  age limits  compulsory helmet use  bio-security measures | |
| *After enquiry, are the Office Bearers / Committee Members or the Club aware of any circumstance which may result in a claim being made? If yes, attach full details.* | | Yes 🞏 No 🞏 |
| *Please list any other activities conducted by the club outside the auspices of TPA* |  | |

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| Signed on behalf of Club  Position Date |

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