

Riding for the Disabled Association of Australia Limited Participant Membership Application & Registration Form



Copies of this Form are to be kept by: 1. The RDA Centre 2. The Member State Office (where applicable) 3. The Participant. Information contained in this Form will be reported for statistical purposes to Riding for the Disabled Association of Australia Limited (RDAA).

1. MEMBERSHIP APPLICATION & REGISTRATION

RDA _____ (Centre)

NEW REGISTRATION

RENEWAL

2. PARTICIPANT PERSONAL DETAILS

TITLE: (Mr, Mrs, Ms, Miss, Other) FULL NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ POSTCODE: _____

PHONE: _____ EMAIL: _____

MALE FEMALE OTHER DATE OF BIRTH: ____/____/____

AGE AS OF 1ST JANUARY IN the CURRENT YEAR _____

HEIGHT: _____ WEIGHT: _____

DO YOU IDENTIFY AS: ABORIGINAL TORRES STRAIT ISLANDER

3. EMERGENCY CONTACT

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ POSTCODE: _____

PHONE: WORK: _____ HOME: _____ MOBILE: _____

4. BILLING INFORMATION (if different from above)

NAME: _____ (Parent, Carer, School or Institution)

ADDRESS: _____

CITY: _____ STATE: _____ POSTCODE: _____

PHONE: _____ EMAIL: _____

5. MEDICAL INFORMATION

NEW PARTICIPANTS, OR IF YOU ARE REQUESTED BY YOUR RDA CENTRE: You are **required** to submit a completed and signed RDA Medical Practitioner Consent Form with this Participant Membership Application & Registration Form. A RDA Medical Practitioner Consent Form is available from the RDA Centre /Member State Office (where applicable).

RENEWING PARTICIPANTS:

Have any medical conditions deteriorated or changed in the last 12 months? Yes / No

If **Yes**, you are **required** to have your Medical Practitioner complete the RDA Medical Practitioner Consent Form.

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Has the participant suffered any injury or undergone any medical procedures (surgery etc.,) in the last 12 months? **Yes / No**

If **YES**, you are **required** to have your Medical Practitioner complete the RDA Medical Consent Form.

PLEASE NOTE: Where the participant's medical condition may deteriorate or change in the future, the participant **must** provide RDAA with a completed RDA Medical Practitioner Consent Form **every three (3) years**.

6. DISABILITY CATEGORY (Tick one box only)

- | | | | |
|---|--------------------------|---|--------------------------|
| A. Participant with intellectual disability | <input type="checkbox"/> | G. Participant with Learning/Behavioural Difficulty | <input type="checkbox"/> |
| B. Participant with Physical disability | <input type="checkbox"/> | H. Participants with Psychiatric Condition | <input type="checkbox"/> |
| C. Participant with Cerebral Palsy | <input type="checkbox"/> | I. Participant with Multiple Disability | <input type="checkbox"/> |
| D. Participant with Vision Impairment/Blindness | <input type="checkbox"/> | J. Participant with Down Syndrome | <input type="checkbox"/> |
| E. Participant with Hearing Impairment/Deafness | <input type="checkbox"/> | K. Participant without disability | <input type="checkbox"/> |
| F. Participant with Autism | <input type="checkbox"/> | L. Other Disability | <input type="checkbox"/> |

7. CONSENT TO PARTICIPATE

By completing, signing and submitting this Form, I hereby apply for membership of Riding for the Disabled Association of Australia Limited (RDAA) and provide my written consent to participate in RDA Activities. In so applying and in consideration of my application for membership being accepted **I acknowledge and agree** that:

- i. **"RDAA"** for the purposes of this membership application and declaration means and includes the Riding for the Disabled Association of Australia Limited, its Member States and Territories and RDA Centres and where the context so permits, their respective directors, officers, members, servants or agents.
- ii. **If accepted I will be a member** of the RDA Centre noted in Section 1 of this Form, its Member State (where applicable) and RDAA.
- iii. **This document cannot be amended.** If I do amend it, my application will be null and void. It will not be accepted by RDAA.
- iv. **Insurance** is in place that provides limited cover to me whilst I am performing or participating in any authorised or recognised RDAA activity ("**RDA Activity**"). (*For insurance details contact RDAA Office.*) I can, in my own interests, seek and obtain personal insurance over and above the cover provided by RDAA.
- v. **The RDAA Constitution** is a contract between me and RDAA. I will be bound by it and any By-Laws made under it. For the avoidance of doubt, I acknowledge and agree to comply with the Constitution or Rules of Association and By-Laws of RDAA, my Member State (where applicable) and my RDA Centre, if my application is accepted. Where there is any inconsistency between the Constitution or Rules of Association of RDAA, the Member States or RDA Centres, the Constitution of RDAA will prevail.
- vi. **Warning:** Equestrian activities (including but not limited to recreational and therapeutic riding) can be inherently dangerous. Serious accidents can happen which may result serious injury. I have voluntarily read and understood this warning and accept and assume the inherent risks in riding (including but not limited to recreational and therapeutic riding, carriage driving and vaulting).

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- vii. **Exclusion of Liability:** Except where provided or required by law and such cannot be excluded, I agree that it is a term of my membership (if accepted) that RDAA is absolved from all liability however arising from injury or damage however caused (whether fatal or otherwise) arising out of my membership and/or participation in any RDA Activity. I acknowledge that the services and benefits I receive under my membership are recreational services. Where I am a consumer, as defined by any relevant law, certain terms and rights may be implied into a contract for the supply of goods or services for my benefit. I acknowledge that these terms and rights, and any liability of RDAA flowing from them, are expressly excluded, restricted or modified by these membership terms and conditions.
- viii. **Release and Indemnity:** In consideration of RDAA accepting my application for membership I:
- (a) release and forever discharge RDAA from all Claims that I may have or may have had but for this release arising from or in connection with my membership and/or participation in any RDA Activity; and
- (b) indemnify and hold harmless RDAA to the extent permitted by law in respect of any Claim by any person including but not limited to another Member of RDAA, arising as a result of or in connection with my membership and/or participation in any RDA Activity. In this clause 7 "Claim" means and includes any action, suit, proceeding, claim, demand, damage, penalty, cost or expense however arising but does not include a claim in respect of any action, suit, made by any person entitled to make a claim under a relevant RDAA insurance policy or any personal insurance held by the member.
- ix. **Fitness to Participate:** I declare that I am and must continue to be medically and physically fit and able to participate in any RDA Activity within my range of abilities. I am not and must not be a danger to myself or to the health and safety of others. I will immediately notify RDAA in writing through my RDA Centre or Member State (where applicable) of any change to my fitness and ability to participate. I understand and accept that RDAA will continue to rely upon this declaration as evidence of my fitness and ability to participate. I acknowledge that if I have or have had any medical condition or disability (eg. physical, intellectual, psychiatric or behavioural) I am required to submit with this application a RDA Medical Practitioner Consent Form completed by a Medical Practitioner. Further, I acknowledge that RDAA may in its reasonable discretion require me to provide a RDA Medical Practitioner Consent Form completed by a Medical Practitioner even if I have declared that I do not have or have not had a medical condition or disability.
- x. **Medical Treatment:** I consent to receiving any medical treatment that RDAA considers necessary or desirable during or as a result, whether directly or indirectly, of my participation in a RDA Activity. I also agree to reimburse RDAA for any costs or expenses incurred in providing me with medical treatment, including but not limited to Ambulance costs.
- xi. **Privacy:** I understand that the information I have provided herein is necessary for the objects of RDAA. I acknowledge and agree that the information will be disclosed by my RDA Centre to the Member State (where applicable) and RDAA and will only be used for the objects of RDAA and to provide me with membership services. I understand that I will be able to access my information through my RDA Centre and/or Member State (where applicable). If the requested information is not provided my membership application may be rejected.
- xii. **Copyright in photographs and right to use:** I acknowledge and consent to photographs being taken of me during my participation in RDA Activities. I acknowledge that the photographs are owned by RDAA. RDAA may use the photographs for promotional or other purposes without my further consent being obtained. I can withdraw my permission at any time.

YES / NO

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8. DECLARATION

I have read, understood, acknowledge and agree to the declarations in this application, including the warning, exclusion of liability and release and indemnity, and warrant that if my application for membership is successful, I will abide by the policies and procedures of my RDA Centre, Member State (where applicable) and RDAA. I acknowledge that if accepted my membership will entitle me to all benefits, advantages, privileges and services of RDAA membership as they apply to me. I further warrant that all information provided by me herein is true and correct and acknowledge that a copy of this Form has the same legal effect as the original.

[] I have read and understood the Privacy Collection Notice. (see page 5 of this document)

SIGNATURE: _____ DATE: _____

9. PARENT/LEGAL GUARDIAN CONSENT (IN RESPECT OF A PARTICIPANT UNDER THE AGE OF 18 YEARS OR WHERE INFORMED CONSENT CANNOT BE PROVIDED).

I am the parent or legal guardian of the participant and warrant that I have read, understood, acknowledge and agree to the declarations in this application and conditions of membership under the policies and procedures of the participant's RDA Centre, Member State (where applicable) and RDAA. I warrant that all the information provided herein is true and correct.

I expressly agree to be responsible for the participant's behaviour and agree to personally accept the conditions set out in this application and declaration including the provision by me of a release and indemnity in the terms set out above.

[] I have read and understood the Privacy Collection Notice. (see page 5 of this document)

SIGNATURE: _____

NAME: _____ DATE: _____

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PRIVACY COLLECTION NOTICE

Riding for the Disabled Association of Australia Limited ABN 99 116 408 587, its Member States and Associate Members, and their respective RDA Centres ("RDAA") collect your personal information for the following purposes:

- to assess your application to register as a participant, coach, volunteer, member and/or director with RDAA;
- to provide you with any required assistance, training and, if applicable, accreditation to perform your role within RDAA;
- to keep you up-to-date about RDAA activities, policies and procedures;
- to provide you with the information or services that you have requested;
- to identify risk and deliver the best support and service for your needs;
- to administer our directors, membership, participants, coaches and volunteers and/or resolve any queries or complaints;
- to report to government, funding bodies and as required by law;
- subject to your express permission, for promotion and marketing; and
- to identify risk and implement appropriate controls to prevent or manage COVID-19 or such other communicable diseases as recommended by the relevant government authorities in RDA Centres and other RDAA workplaces.

This Collection Notice applies to personal and sensitive information, such as health information, information, that RDAA collects via phone, hardcopy and electronic formats throughout the application, registration and accreditation process and during your time with RDAA and/or at any RDA Centre. RDAA takes all reasonable steps to protect personal information held in its possession against loss, unauthorised access, use, modification, disclosure or misuse.

If you do not provide us with the requested information, we may not be able to process or assess your application for registration and/or accreditation, assist you with your specific enquiry or request, or provide our services to you. We may share your personal information with third parties in order to conduct our business and deliver our services, including but not limited to, those contracted to and/or involved in providing, managing or administering our services, health referral organisations, medical and health professions, hospitals, our professional advisors, government departments, regulators, your family members or carers, Enduring Power of Attorney and/or substitute decision-makers and other relevant bodies when required and authorised to do so by law. RDAA may also disclose your personal information to third parties with your consent and/or in emergency situations if it is reasonably necessary.

Our privacy policy (available at <https://www.rda.org.au/privacy-statement/>) includes our contact details, explains more about the types of personal information we usually collect and how we handle your personal information, as well as how you can seek access to and correction of your personal information, how to make a privacy complaint and how we deal with these complaints