



MONTO CUTTING CLUB

38 Bancroft School Road

Bancroft QLD 4630

Montocc@outlook.com

MEMBERSHIP APPLICATION/RENEWAL FORM

1st January – 31st December 2026

Name/s: _____

Address: _____

Suburb: _____ Postcode: _____

Phone: _____ Mobile: _____

Email: _____

Membership Options (Please tick):

<input type="checkbox"/>	Single Membership	\$60.00
<input type="checkbox"/>	Family Membership	\$120.00
<input type="checkbox"/>	Single Youth Membership	\$30.00

MEMBERS PARTICIPATE IN ALL EVENTS AT THEIR OWN RISK

Authorisation: As a member of the Monto Cutting Club, I consent to the use of my name, photo/s & information given by me /my name and address being given to sponsors & to the association for publication in advertising, and/or members of the association articles, magazines, websites & printed material.

I hereby agree to abide by the Rules and Regulations of the Monto Cutting Club.

Applicant Signature: _____

Date: (If under 18 years of age a Parent/Guardian must sign).

Please return with payment to: montocc@outlook.com OR The Secretary, Monto Cutting Club, 38 Bancroft School Road, Bancroft QLD 4630

PAYMENT METHOD: CASH/ DIRECT DEPOSIT (Please Circle)

NEW BANK DETAILS!!! DIRECT DEPOSIT: BSB 124-960 ACCOUNT 23481820 (Please use Surname as reference)

RELEASE AND WAIVER OF LIABILITY

Monto Cutting Club

In consideration for me being allowed to participate in points days, competitions and schools/clinics or any events run by Monto Cutting Club I hereby agree that:

- 1. I understand and acknowledge that, horse riding, working cattle and cutting are dangerous activities and may result in serious injury, permanent disability or death.
- 2. I understand and acknowledge that I RIDE AT MY OWN RISK.
- 3. By signing this document I waive all of my legal rights of action against Monto Cutting Club & its members from any claim, for loss, damage, injury, death or permanent disability howsoever arising and incidental to myself (or my child) attending at and/or participating in an event organised by the above mentioned parties.
- 4. I acknowledge that:
 - (a) I am eighteen (18) years of age or if I am under eighteen (18) years of age my parent or guardian is also required to read and sign this Release and;
 - (b) That my signature to this document constitutes a complete and unconditional release of all liability of Monto Cutting Club & its members to the extent permitted by law in the event of me and/or the children under my care suffering injury, death or permanent disability.

I HAVE READ AND UNDERSTOOD THE ABOVE RELEASE AND WAIVER

Participant Name:	Participant Signature:	Date:	If under 18 years of age, parent/guardian to sign here