



## **ONE ACTIVITY MEMBERSHIP**

### **PURPOSE**

The purpose of the One Activity Membership (OAM) is to give people the opportunity to try Carriage Driving and, at the same time, provide Public Liability/Personal Accident cover through the Australian Carriage Driving Society (ACDS) insurers.

### **ELIGIBILITY**

A non-member of the ACDS may apply for an OAM to cover one activity, extending over a maximum of two consecutive days (or more if approved by the Federal Council). It is also available to a person who has previously been a member.

It is available to a person who has previously been a member of the ACDS – at the discretion of and with the agreement of the Club or State Executive organizing the event. It is **NOT** to be used more than three times in a twelve-month period.

### **CRITERIA FOR USE**

For anyone interested in becoming an ACDS member, the OAM is acceptable for use at Club rallies, Show Driving activities (only those organised by an ACDS Club), Graded Dressage days and Pleasure Drives.

An OAM Form may be used for Hors Concours (HC) entries at Cones Days (including Cones as part of a Graded Dressage Day), Three Phase Competitions, Indoor Competitions, Enduros and Novelty/Games activities.

When using an OAM for any activity, driver/horse combinations are **NOT** to be timed.

### **OAM forms are not to be used for CDEs.**

Single Membership is available to a Single applicant or Family Membership is available to persons being either:

- the spouse, de facto spouse of the applicant or one additional adult family member (aged 18 years or over) living at the same household (Family Members); or
- a child or grandchild of the applicant who has not attained the age of 18 years. (Family Membership as defined under the Rules of the ACDS)

### **FEES**

Single/Junior Membership:       **\$30.00**

Family Membership:               **\$30.00**



# Australian Carriage Driving Society

ABN: 28 794 114 302 – Incorporation No: A01028

# FORM C

<input type="text"/>	<input type="text"/>
Name	DOB (if under 18)
<input type="text"/>	<input type="text"/>
Name	DOB (if under 18)
<input type="text"/>	<input type="text"/>
Name	DOB (if under 18)
<input type="text"/>	<input type="text"/>
Name	DOB (if under 18)

Address:

<input type="text"/>	<input type="text"/>
<input type="text"/>	Postcode: <input type="text"/>

Phone:

<input type="text"/>	Email: <input type="text"/>
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ACDS Club Hosting the Activity:

<input type="text"/>
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Date of Activity:

<input type="text"/>
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Location:

<input type="text"/>
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### Type of Activity (X)

Show Driving    Graded Driven Dressage    Pleasure Drive

Club Rally    HC at a

In applying for membership of the ACDS solely to participate in the stated activity, I/We understand that:

- I/We must observe any instructions or advice given me/us by the ACDS officials conducting the activity.
- I/We cannot participate in any competition where speed, distance covered or fastest time taken is used to determine winners or place getters.
- I/We cannot participate in speed cones, scurry driving, or competitive obstacle driving.
- I/We cannot participate in any activity where the results of two or more competitions are aggregated to determine winners or place getters.

**Privacy:** I/we authorise the ACDS to publish and/or provide my/our contact details for the purpose of contact by other members and to publish any photographs of me/us in the ACDS Journal or on the website or on any other publication of the ACDS.

Put 'X' this box if you do not wish to have your contact details / photographs published!

Put 'X' this box if you do not wish to have your children's, or children under your care, photograph to be taken or published

**Public Liability Insurance:** Any person causing a claim to be made against the ACDS Inc. Insurance Policy is personally liable for the excess amount in full as determined by the Insurance policy at the time of the incident.

**Risk Warning & Acknowledgment:** Participating in the recreational activities supplied by the ACDS may involve risk. The risks involved may result in personal injury including death. Prior to undertaking such recreational activity, you should ensure you are aware of all the risks involved, including risks associated with any health condition you may have. If an ambulance is called for any reason to tend to your injuries, including concussion, it will be at your own expense.



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By signing below, you acknowledge, agree and understand that participation in the recreational services provided by the ACDS may involve risks. You agree and undertake any such risks voluntarily and at your own risk. You also acknowledge that the risk warning above constitutes a “risk warning” in accordance with relevant legislation. Furthermore, you acknowledge and agree that in the case of an insurance claim you are found to have caused, you will be responsible for the applicable excess payment on the insurance policy.

### PLEASE NOTE – Helmet Requirements

Where helmets are worn, they must comply with the following standards:

- British – PAS 015: 1998 or 2011, VG1 01.040:2014-12 - provided they are BSI Kitemarked
- European – VG1 01.040:2014-12 – may or may not be BSI Kitemarked
- American – ASTM F1163: 2004a or 04a onwards provided they are SEI marked or SNELL E2001 marked
- Australian & New Zealand – AS/NZS 3838 2006 onwards and provided they are SAI Global marked

As of the 1<sup>st</sup> January 2017, helmets that are certified to EN1384 only will NOT be acceptable for use at ACDS activities.

Have you been an ACDS member previously?  Yes  No

I/We confirm we have read the Criteria for use of One Activity Membership and the above information.

\_\_\_\_\_

Single Applicant Signature

\_\_\_\_\_

Parent/Guardian Signature  
(for applicants under 18)

Adult One

\_\_\_\_\_

Adult Two

\_\_\_\_\_

Family Applicants' Signatures

The Single/Family/Junior One Activity Fee is \$30.00 (GST Inclusive) on each occasion. Maximum three uses per year.

Paid: \$30.00 Receipt No:

\_\_\_\_\_

\_\_\_\_\_

Club Secretary (or Rep) Signature

**Documentation and payment to be sent by club secretary within 7 days** after the activity to:

ACDS Federal Secretary, 60 Sampsons Road, NUMURKAH VIC 3636

Cheque payable to: 'ACDS Inc.'

Direct Banking Information: Bendigo Bank – South Melbourne Branch – BSB 633-000 Account No. 150 659 837. Please use Surname of the one activity Member as the reference and ensure paperwork is sent to the Federal Secretary, with the payment advice paid by Direct Deposit. This form and payment advice may be emailed to [acdsfedsec@gmail.com](mailto:acdsfedsec@gmail.com) (Any scanned documents should be in a PDF format and **NOT** .jpg or similar (pictures).

GST: Upon payment of the One Activity Membership Fee – this Form becomes a Tax Invoice.