



Riding for the Disabled Association of Australia RDA Top End 2023 Volunteer Registration Form

New Registration OR Renewal

Name: (please circle) Mr, Mrs, Miss, Ms _____

Address: _____ State: _____ Postcode: _____

Date of birth: _____ Email: _____

Phone No: Home: _____ Work: _____ Mob: _____

Emergency Contact Name: _____ Relationship: _____

Phone No: Home: _____ Work: _____ Mobile: _____

Do you have any existing medical conditions or take medication of which we should be aware for your safety?
YES / NO

If yes, please give details: _____

Do you have any special needs of which you would like us to be aware? YES / NO

If yes, please give details: _____

How do you hear about volunteering with RDA? _____

New volunteers are required to supply two personal referees that may be contacted by RDA:

Name: _____ Phone No: _____

Name: _____ Phone No: _____

Do you have specific skills or qualifications that might help your RDA Centre?

- | | | |
|--|---|---|
| <input type="checkbox"/> Working with people with disabilities | <input type="checkbox"/> Social media & marketing | <input type="checkbox"/> Building and Maintenance |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Working with horses | <input type="checkbox"/> Catering |
| <input type="checkbox"/> Promotion and fundraising | <input type="checkbox"/> Finance | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Gardening | |

Preferred Days to Help: (please circle)

Monday Tuesday Wednesday Thursday Friday Saturday School Holidays

Preferred Time to Help: (please circle) Morning Afternoon

Working With Children Check

Do you have a current Working With Children Check? YES / NO

If Yes, you must update your details to include the name of your RDA State or Centre organisation via your MyCheck account.

Certificate Number: _____ Date of Issue _____

All RDA volunteers are required to hold a current Working With Children Check. If you do not have a current WWCC, please discuss with your Centre Volunteer Coordinator (or equivalent) as you must have a WWCC prior to beginning volunteering with RDA.

Contact Permission May we send you RDA newsletters & Volunteer communication by email? YES / NO

Photo Permission

I acknowledge and consent to photographs and other images being taken of me during my participation in RDA activities. I acknowledge that the photographs/images are owned by RDA. RDA may use the photographs/images for promotional or other purposes without my further consent being obtained.

YES / NO

Consent To Medical Attention

I authorise the RDA Centre to administer first aid and call an ambulance. I agree to bear any cost thereby incurred.

Date: _____ Signature: _____

PLEASE NOTE: RDA strongly recommends all volunteers to be up to date with Tetanus immunisations, COVID-19 vaccination and booster and immunisation against Hepatitis B is advised. COVID-19 vaccination and boosters may be mandatory in your jurisdiction (contact your Centre or State Office for details).

Disclaimer:

- I agree to abide by all policies, standard operating procedures, rights and responsibilities outlined in the RDA Volunteer Information Package, to abide by the constitutions and policies of my RDA Centre and RDA Australia.
- As a volunteer I recognise that my duties may include working with and around horses including horse riding activities. Participation in horse riding and horse related activities can be inherently dangerous. Serious accidents can and often do happen which may result in me being injured or even killed. I have voluntarily read and understood this warning and accept and assume the inherent risks of horse related activities. Riding activities will be supervised to the level of my abilities. I may also exercise my rights to decline opportunities to ride without prejudicing my involvement as a volunteer. I may also exercise my right to change my mind in this matter at any time.
- I have read and agree to comply with the RDA Volunteer Code of Conduct.
- As a member of this Centre, I accept that I am also a member of RDA Australia and are bound by their policies and procedures.

Date _____ Signature _____

APPLICANTS UNDER THE AGE OF 18 REQUIRE THE PERMISSION OF THEIR PARENT/GUARDIAN TO VOLUNTEER:

Date _____ Signature _____

PRIVACY STATEMENT

Information acquired on this form is solely used to assess a volunteer's suitability to perform the various tasks involved with being a RDA volunteer & being able to contact that volunteer if the need arises. All information is kept secure & confidential and is not disclosed to third parties. The information obtained is not used for any other purpose than stated above. RDA does not sell, rent, lend or give away its volunteer, supporter or client list. RDA actively seeks to ensure that all personal information is protected from misuse, modification, disclosure or unauthorised access. Individuals may request to view any personal information held by RDA. For further information regarding RDAA's Privacy Policy visit www.rda.org.au.

RDA Volunteer Code of Conduct

1. Be ethical, fair and honest in all their dealings with other people and RDA.
2. Treat all persons with respect and courtesy and have proper regard for their dignity, rights and obligations.
3. Always place the safety and welfare of children and vulnerable adults above other considerations.
4. Comply with RDAA's constitution, rules and policies including the Volunteer Policy.
5. Operate within the rules and spirit of the organisation.
6. Comply with all relevant Australian laws (Federal and State) particularly antidiscrimination and child protection laws.
7. Be responsible and accountable for your conduct.
8. Make a commitment to providing quality service.
9. Not to use your involvement with RDA to promote your own beliefs, behaviours and practices where these are inconsistent with those of RDAA, a Member State or Territory or Affiliated Centre.
10. Demonstrate a high degree of individual responsibility when dealing with persons who are under 18 years of age or non consenting adults with a disability, as your words and actions are an example.
11. Avoid unaccompanied and unobserved activities with persons who are under 18 years of age or vulnerable adults, wherever possible.
12. Refrain from any form of harassment of others.
13. Refrain from any behaviour that may bring RDAA, A Member State or Territory or an Affiliated Centre into disrepute.
14. Show concern and caution towards others who may be sick or injured.
15. Be a positive role model.
16. Understand the repercussions if you breach or are aware of any breaches of this code of conduct.

Risk Warning and Waiver of Liability

Name of Provider ¹	RDA Australia		
Address of Provider	PO Box 310, Torrensville	State: SA	Postcode: 3031
Name of Participant			
Address of Participant		State:	Postcode:

The following pages affect your legal rights and obligations. Please read these carefully and only sign if you fully understand their contents. For Participants under 18 years of age, these documents must be completed by a parent or legal guardian.

Description of Activities²:

The Liability policy provides cover for the following listed activities. Horse riding and related activities officially sanctioned and under the control of an insured RDA centre including but not limited to: • Horse riding for the disabled sporting association • Venue property owner/occupier • Vaulting, Carriage Driving, Rides • Displays, Exhibitions, Performances • Competitions • Social or administrative activities including social club operating, Food and Beverage Canteen Operators • Fundraising • Maintenance of horse riding venues • Carer of Horses • Risk Management administration • Membership services coordination • Rules and Regulations provider • Distribution of newsletters and brochures • Developers and Promoters of horse riding activities for the disabled • Course education providers • Coaching, Teaching and Instruction of horse riding including Hippotherapy

Risk Warning

I am aware that by my participation in any activities arranged by the Provider, certain risks or dangers may occur which could include:

- Physical, bodily or psychological injury or death.
- Physical exertion to which I am not accustomed.
- Failure of equipment or use of inadequate equipment.
- There may be no or inadequate facilities for treatment or transport to treatment if I am injured.
- The conditions in which the activities are conducted may vary without warning.
- I may cause injury to other persons and/or other persons may cause injury to me.
- I may be injured or die due to the negligence, breach of contract or breach of statutory duty or guarantee of the provider.

I acknowledge that the activities are being undertaken for the purposes of recreation, enjoyment or leisure, and involve a significant degree of risk of physical harm.

I acknowledge that the Activity may be undertaken with one or more other persons as part of a group and that the Provider is not liable for the actions of other participants in the group activity.

¹ Provider includes the officers, employees, agents, contractors, franchisees and assigns of the Provider.

² Activities includes all activities and services ancillary to or associated with the named Activity, both before and after the Activity, including transportation to and from the location of the Activity whether provided by the Provider or not, briefings, inductions, training, and the provision of information in all manuals, safety guidelines and other documentation provided to or made available to the Participant with respect to the Activity, familiarisation with clothing or equipment and methods of operation of equipment and the wearing and removal of any clothing or equipment associated with the Activity. Unless otherwise specified, a reference to an Activity is a reference to a recreational service or a recreational activity as defined in relevant legislation referred to herein.

By signing below, I acknowledge, agree and understand that the risks associated with the Activities and/or recreational services have been explained to me. I undertake any such risk voluntarily and at my own risk.

I acknowledge that the risk warning above constitutes a "risk warning" in accordance with the *Civil Liability Act 2002* (NSW) and the *Civil Liability Act 2002* (WA).

Participant's Warranties

I agree to abide by any of the Provider's rules, and any direction or instruction given to me by the Provider during the course of the Activities. I agree to use and/or wear any equipment given to me by the Provider.

I declare that I am medically and physically fit and able to participate in the Activities. I acknowledge that I must, and agree that I will, disclose any pre-existing medical or other condition, injury or concern that may affect the risk that either I or any other person will suffer injury, loss or damage during the course of the Activities and notify the Provider of any injuries, illness or concerns that may arise during the Activity. I will not engage in any reckless, negligent or foolish behaviour or any other behaviour that is likely to cause injury to me, any other participant or person.

I agree that if I suffer any injury or illness, the Provider may provide evacuation, first aid and/or medical treatment at my expense and that my acceptance of these terms and conditions constitutes my consent to such evacuation, first aid and/or medical treatment.

I declare that I have not consumed any alcohol or mind altering substance, or medication that may impact my judgement or physical capacity, before or at the time of engaging in the Activities.

Exclusion of liability

I agree to and unconditionally release, waive, discharge and forever hold harmless, the Provider or any of its employees, agents, directors or officers, from any claims as a result of any personal injury sustained, whether caused by the Provider's negligent act or wilful act or omission, breach of contract, breach of statutory duty, error, or otherwise in connection with or arising out of the Activities.

I agree that the Provider will not be liable for any claims for personal injury that may be brought against it as a result of or in connection with any act, omission, default, failure or error on the part of the Provider, and agree to indemnify and keep indemnified the Provider in respect of any such claims.

Waiver

It is possible for a supplier of recreational services to ask you to agree that the statutory guarantees under the *Australian Consumer Law* (which is schedule 2 to the *Competition and Consumer Act 2010* (Cth)) do not apply to you. If you sign this form, you will be agreeing that your rights (or the rights of a person for whom or on whose behalf you are acquiring the services) to sue the Provider in relation to the Provider's services or the activities that you undertake because the services or activities provided were not in accordance with the guarantees are excluded, restricted or modified as set out below.

By signing this form, you agree that the liability of the Provider in relation to the activities (as defined by the *Competition and Consumer Act 2010* (Cth), the *Consumer Affairs and Fair Trading Act* (NT) and the *Australian Consumer Law*) and recreational activities (as defined by the *Civil Liability Act 2002* (NSW) and the *Civil Liability Act 2002* (WA)) for any:

- (a) Deaths;
- (b) Physical or mental injuries (including the aggravation, acceleration or recurrence of such an injury);
- (c) The contraction, aggravation or acceleration of a disease;
- (d) The coming into existence, the aggravation, acceleration or recurrence of any other condition, circumstance, occurrence, activity, form of behaviour, course of conduct or state of affairs in relation to an individual:
 - (i) That is or may be harmful or disadvantageous to you or the community; or
 - (ii) That may result in harm or disadvantage to you or community;

That may be suffered by you (or a person for whom or on whose behalf you are acquiring the services) resulting from the supply of the recreational services or recreational activities is excluded.

You acknowledge and agree that the above provision operates to exclude the liability of the Provider as a result of a breach of an express or implied warranty that the recreational services will be rendered with reasonable care and skill in accordance with section 5J of the *Civil Liability Act 2002* (WA) and section 5N of the *Civil Liability Act 2002* (NSW).

Agreement to exclude, restrict or modify your rights:

I agree that the liability of the Provider for any personal injury that may result from the supply of the recreational services that may be suffered by me (or a person for whom or on whose behalf I am acquiring the services) is excluded.

Declaration and Signature

I have read carefully and understand this risk warning and waiver of liability and sign it feely and voluntarily without inducement of any kind.

Signature of Participant: _____ Date: _____

Signature of Witness _____ Date: _____

For Participants under age 18

This is to certify that I, as a parent/guardian with legal responsibility for the Participant, acknowledge, understand and accept all of the above and consent to his/her release as provided above. I release and agree to indemnify and hold harmless the Provider from any and all liabilities arising from my minor child's involvement or participation in the Activities and/or recreational services, even if arising from the negligence of the Provider.

Signature of Legal Guardian: _____ Date: _____

Name (Print): _____

Signature of Witness _____ Date: _____
