



**Palm Beach County Horseman's Association  
Membership Application 2010**

Office Use Only:  
Entered by: \_\_\_\_\_  
Date: \_\_\_\_\_

**Primary Name:** \_\_\_\_\_ # \_\_\_\_\_

Stable / Barn Name \_\_\_\_\_

**Individual membership \$50**

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Email:** \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Trainer: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Family membership \$75** – please list all family members

Family Member Names:	<u>Adult</u> 18 and over	<u>Junior</u> – age 14 to 17 as of 12/01/2008 please provide birth date for junior or child	<u>Child</u> – 13 and under as of 12/01/2008	For Office Use Only
_____	<input type="checkbox"/>	<input type="checkbox"/> __/__/____	<input type="checkbox"/> __/__/____	# _____
_____	<input type="checkbox"/>	<input type="checkbox"/> __/__/____	<input type="checkbox"/> __/__/____	# _____
_____	<input type="checkbox"/>	<input type="checkbox"/> __/__/____	<input type="checkbox"/> __/__/____	# _____
_____	<input type="checkbox"/>	<input type="checkbox"/> __/__/____	<input type="checkbox"/> __/__/____	# _____

**SIGNATURE REQUIRED ON BACK OR 2<sup>ND</sup> PAGE**

Please read the following waiver carefully before signing.

I/WE AGREE TO ASSUME ALL RESPONSIBILITIES AND RISK FROM THE PREMISES OF EQUESTRIAN SPORT PRODUCTIONS USE AND/OR RIDING OF A HORSE OWNED BY OR LOANED TO ME BY OTHERS AND FURTHER AGREE TO HOLD HARMLESS THE OWNERS, MANAGERS, TEACHERS, COUNSELORS, TRAINERS AND ANY EMPLOYEE OF PALM BEACH COUNTY HORSEMAN'S ASSOCIATION FREE FROM ALL DAMAGES OR LIABILITY

FOR ANY INJURY TO PERSON OR PROPERTY AS A RESULT OF THE USE OF THE PREMISES OR ANY EQUIPMENT. I AM FURTHER WARNED THAT UNDER FLORIDA LAW, ANY EQUINE SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURIES TO, OR THE DEATH OF, ANY EQUINE ACTIVITIES EFFECTIVE UNDER FLORIDA LAW. BE WARNED THAT RIDING OF HORSES/PONIES IN ANY EQUINE SPORT IS AN INHERENTLY DANGEROUS RISK TO RIDER AND OR PROPERTY. SENATE BILL 1658-SECTION 91.1A

I/WE FURTHER AGREE TO ABIDE BY ALL RULES AND REGULATIONS IN EFFECT OR LATER ADOPTED AND FAILURE TO COMPLY WILL RESULT IN THE FORFEITURE OF ALL ENTRIES AND EXPULSION FROM GROUNDS.

JUDGES AND MANAGEMENT DECISIONS ARE FINAL. PLEASE READ THE SCRATCH AND REFUND RULES CAREFULLY.

RULES STATE THAT EXHIBITORS/GUARDIANS ARE RESPONSIBLE FOR THEIR ERRORS AND THOSE OF THEIR AGENTS IN PREPARATION OF ENTRY FORMS. ALL JUNIOR RIDERS MUST WEAR REGULATION HELMETS AND CHIN STRAPS MUST BE SECURELY FASTENED WHILE MOUNTED - NO EXCEPTIONS!

Payment for show fees is due at the time of entry. I understand that if any unpaid balance is forwarded for collection that I will be responsible for collection fees incurred.

I understand that if a horse that I own, lease, ride or train needs emergency treatment, my contact information will be released to Stall Watch, Inc, Equestrian Sport Productions Inc, and/ or a veterinarian.

**Warning: Under Florida Law, an equine activity sponsor or equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risk of equine activities.**

RIDER / PARENT / GUARDIAN SIGNATURE:

\_\_\_\_\_  
(Must be 18 years of age or have a parent/legal guardian signature)

Print Signature Name: \_\_\_\_\_

**NOTE: HORSES/PONIES MUST BE RECORDED FOR POINTS TO COUNT.  
SEE HORSE/PONY RECORDING FORM.**

**OWNERS, LEASEES, RIDERS, AND TRAINERS MUST ALL BE MEMBERS FOR MEMBER  
AND HORSE/PONY POINTS TO COUNT.**

**NO SIGNATURE – MEMBERSHIP NOT EFFECTIVE & NO POINTS ACCUMULATE**