



Palm Beach County Horseman's Association Membership Registration

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.

Membership Type (check one) Individual _____ \$60 Family _____ \$80 (check one) Junior _____ Amateur _____ Professional _____

Rider Registration

Last Name: _____ First Name: _____

Email Address: _____

Please list additional names for family membership

1) _____ 2) _____

3) _____ 4) _____

_____ Street Address _____

_____ City _____

_____ State_Zip _____

Telephone _____ Cell _____

I/WE AGREE TO ASSUME ALL RESPONSIBILITIES AND RISK FROM THE PREMISES OF EQUESTRIAN SPORT PRODUCTIONS AND JIM BRANDON EQUESTRIAN CENTER 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 strips 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. Points must be checked for accuracy and disputed by December 3rd of current show year.

I understand that if a horse that I own, lease, ride or train needs emergency treatment, my contact information will be released to Jim Brandon Equestrian Center and/or a veterinarian.

Signature _____

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

Signature Name: _____ Date: _____