Make checks payable to FPCMSA

Mail to: Angie Lancaster

5291 Long Branch Rd. Jax, Fl 32234



CLUB MEMBERSHIP APPLICATION

SINGLE CLUB MEMBERSHIP FAMILY CLUB MEMBERSHIP	CHECK ONE \$30 \$50	PAID:	CHECK ONE CHECK CASH PAYPAL
LEVEL:	CMSA # D	ATE OF BIRTH:	
NAME:			
ADDRESS:			
CITY, STATE, ZIP			
PHONE#			
EMAIL:			
FAMILY MEMBER NAME:			
DATE OF BIRTH: FAMILY MEMBER NAME:	CMSA		LEVEL:
DATE OF BIRTH:	CMSA		LEVEL:
FAMILY MEMBER NAME: DATE OF BIRTH:	CMSA	\#	LEVEL:
FAMILY MEMBER NAME: DATE OF BIRTH:			LEVEL:
SIGNATURE OF PRIMARY APPLICA	NT:		
EMERGENCY CONTACT (Please Pri			
	Number:		

Liability Release : I hereby understand that I am participating in a sport which contains dangers and risks including but not limited to accidental injury, the forces of nature and illness. In consideration of the right to participate in these events and the services that are provided for me by the Florida Peacemakers Cowboy Mounted Shooting Association and its agents, I have and do hereby assume the risks associated with such events. The contestant shall at his own expense, defend management and/or all sponsors, their cardholders or employees from any and all such claims and indemnify from any and all liability, damage and costs arising from injuries to person or property occasioned by any act or omission of the contestant. By joining CMSA I am agreeing that images of my horse, equipment or myself may be photographed, videoed or recorded in any way and re-used without my permission and without compensation. I agree to support and enforce CMSA rules as stated in the CMSA rulebook. This solidarity agreement binds all CMSA cardholders to enforce CMSA rules and assure our competitors they will play the same game coast-to-coast when they travel for CMSA competitions.