

## **FLORIDA PEACEMAKERS**

## **COWBOY MOUNTED SHOOTING ASSOCIATION** 2017 CMSA COMPETITION CARD & CLUB MEMBERSHIP APPLICATION

| Florida Peacemakers Sing<br>Florida Peacemakers Fam | •                 |          |          |
|---|-------------------|----------|----------|
| Florida Peacemakers                                 | Membership Code & | Fee FP - | \$       |
| PRIMARY APPLICANT'S IN                              | IFORMATION        | NEW      | RENEWAL  |
| LEVEL: MENS   | _LADIESJUNIOI     | RSENIOR  | WRANGLER |
| DATE:   | DATE OF BIRTH     | :        | CMSA #   |
| NAME:   |                   | ALIAS:   |          |
| ADDRESS:  |                   |          |          |
| CITY:   |                   | STATE:   | ZIP:     |
|   | E-MAI             | L:       |          |

LIABILITY RELEASE FORM:

I understand that I am participating in a sport, which contains dangers, and risks may arise, 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 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 and myself may be photographed, videoed or recorded in any way and re-used without my permission and without compensation. I further agree to support and enforce CMSA rules as stated in the CMSA Rule Book. This solidarity agreement binds all CMSA cardholders to enforce CMSA rules and assure our competition cardholders they will play the same game coast-to-coast when they travel for CMSA competitions.

## SIGNATURE OF APPLICANT:\_\_\_

## FAMILY MEMBERS INFORMATION

| SIGNATURE: | _DOB: | _CMSA #: | _LEVEL: |
|------------|-------|----------|---------|
| SIGNATURE: | _DOB: | CMSA #:  | LEVEL:  |
| SIGNATURE: | _DOB: | CMSA #:  | LEVEL:  |
| SIGNATURE: | _DOB: | CMSA #:  | LEVEL:  |

Make checks payable to: Florida Peacemakers or FPCMSA Mailing Address: Florida Peacemakers C/O Angie Lancaster 1810 Bland Way Dover, FL 33527