Melissa's Good Timin Jackpot

MELISSA'S GOOD TIMIN JACKPOT BUCKLE SERIES

www.floridaequineathlete.com

2024 MEMBERSHIP APPLICATION

Also, be sure to sign 2024 Accident Waiver & Release

Membership: Individual: \$35

Name				
Email			DOB	
Mailing Address				
City	State	Zip Code		
Home Phone		(please include a	area code) Cell Phone	
		RELEASE AGREEMEN	т	
Jackpot/Florida Equine Athlber. By making application to tioned events at applicants Equine Athlete, Melissa Gresenting show arenas (Lise B property, reputation, or fin Melissa's Good Timin Jackpo Melissa's Good Timin Jackpo completely releases the Floroloyees, agents, and Hostin Melissa's Good Timin Jackporight to participate in Melissathe rules, regulations, and gagrees that his/her sole and	ete whether in existence a to join the Melissa's Good own risk throughout 202: er, (PhD), officers, represe lanton and Winding Trails lancial conditions as a reso tot Sanctioned event, whether ot rules, regulation, or guinda Equine Athlete, Melising Arenas from any and tot event(s), and freely and sa's Good Timin Jackpot/Figuidelines of the Melissa's lexclusive remedy for any	at the time of becoming a mer Timin Jackpot, applicant agree 3 (January 1 - December 31, 2 entatives, directors, employee Ranch Arena) from liability, lo sult of, or in anyway, relating ther caused by negligence, are idelines. Applicant knows and isa's Good Timin Jackpot; Meli- all liability including negligen d willingly consents to same Ap- Florida Equine Athlete Sanction Good Timin Jackpot/Florida E y disputes is appeal to the Flori	policies, rules, and regulations of the Melissa's Good Timir mber or thereafter while such person or entity is a memes to participate in any Melissa's Good Timin Jackpot sance (023). Applicant hereby releases and discharges Floridales, agents, other Show hosting producers, and those represos claims, damages, and expenses for injuries to person, to Applicants participation or nonparticipation in any ena conditions, by the conduct of Florida Equine Athlete/agrees that by his/her application on this form, he/she sasa Greer (PhD), officers, directors, representatives, emplicant for that he/she has no absolute property or other ned events. Applicant agrees to follow and be bound by equine Athlete as amended from time to time. Applicant ida Equine Athlete appeal procedures, and agrees that all ena hosts are final and conclusive.	
IF APPLICANT IS A MINOR,	A PARENT OR LEGAL GUA	ARDIAN MUST SIGN		
Signed(applicant)			Date	
Signed (Parent or Guardian, if r	minor)		Date	
CONTACT Info: Florida Equine Athlete		Date Paid Amount pd \$ (circle form of pay)		
Melissa Greer, PhD PO Box 1302, Polk City, Fl 863-398-6802 floridaequir		Cash, Paypal, check #	_	
505-550-0002 Horidaequii	meatinete@ginan.com	If paying membership by ched	ck. please make	

payable to Melissa Greer PhD