Pasco Horsemen's Association 13215 Fivay Rd, Hudson, Fl

Pascohorse@gmail.com Application for Membership

Fees: 1st member \$50.00

2nd and additional members up to 6 in the household will be \$5.00 each.

Name	Birthday
Name	
Name	Birthday
Name	
Name	
Name	
Address	
City Zi	p code
Phone () Cell ()
E-mail	
Preferred method of contact Phone Ce	ell E-mail

All club functions are solely operated and worked by club members who volunteer their time, of which proceeds are returned to the club.

Equine activity sponsor release

Know all men by these presents (hereinafter referred to as "participant") desires to engage in and does hereby engage in the following equine activity, to wit: Horse show, circuit shows, specialty show, clinics, club meetings, and club functions including clean up and maintenance activities, located at Pasco Equestrian Center, Pasco Horsemen's Association, 13215 Fivay Rd., Hudson, FL. 34667.

For and in consideration of the above activities, services, and entry fees paid, receipt and sufficiency of which is hereby acknowledged, Participant hereby does forever and finally release, remise, acquit, satisfy and forever discharge the Equine Activity Sponsor of and from all manner of action and actions, cause and causes of action, suit, debts, dues, sums of money, bonds, billings, contracts, controversies, agreements, promises, damages, variances, judgments, executions, claims and demands whatsoever, in law or in equity, which may arise or might in the future arise or herein after may arise for or against the Equine Activity Sponsor for the activities as stated above.

This document is meant to be a full and complete release from any and all liability that may arise from participating in the above- described equine activity. This release is given freely and voluntarily by the participant and is meant to remain in existence throughout the duration of the equine activity.

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 risks of equine activities.

Dated this day of All Participant(s) are listed above.	20		
Signature	(if under 18, parent must sign)		
FOR OFFICE USE ONLY Date Approved By: Title:	Amount	Cash or Check #	