

FLORIDA PEACEMAKERS CLUB MEMBERSHIP APPLICATION (2023-24)

Make checks payable to **FPCMSA**

Mail to: Nelson Riollano
2550 SE 80th St
Ocala, FL 34480



SINGLE CLUB MEMBERSHIP	\$30
FAMILY CLUB MEMBERSHIP	\$50

Check One

Check One

_____ Check

_____ Cash

DATE: _____ LEVEL: _____ CMSA # _____

NAME _____ Telephone _____

ADDRESS: _____

CITY _____ ST _____ ZIP _____

EMAIL ADDRESS _____

For family memberships

FAMILY MEMBER NAME: _____

DATE OF BIRTH: _____ CMSA# _____ LEVEL: _____

FAMILY MEMBER NAME: _____

DATE OF BIRTH: _____ CMSA# _____ LEVEL: _____

FAMILY MEMBER NAME: _____

DATE OF BIRTH: _____ CMSA# _____ LEVEL: _____

(use separate form if additional family members)

SIGNATURE OF PRIMARY APPLICANT: _____

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.

In case of emergency contact:

Name _____ Relationship _____

Telephone _____ Email _____