2021 PINELLAS COUNTY HUNTER ASSOCIATION, INC. MEMBERSHIP APPLICATION

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MEMBER NAME _						
STREET ADDRESS _					W	
CITY, STATE, ZIP					N.	
TELEPHONE					A	
TRAINER _						
MEMBERSHIP S	INGLE: \$25	LIFE: \$200				
ls this address differ	ent from 2020? Yes	No				
CHILD 14 & UNDER _	15-17CHILD'\$	S DATE OF BIRTH	A	ADULT 18-35 _	ADULT 3	6+
HORSE OR PONY NA	ME:	COLOR	AGE	SEX	HEIGHT	SIZE
HORSE OR PONY NA	ME:	COLOR	AGE	SEX	HEIGHT	SIZE
HORSE OR PONY NA	ME:	COLOR	AGE	SEX	HEIGHT	SIZE
of the premises and each representatives, assigns, resulting in death of the representatives, assigns, resulting in death of the representation on or about the Florida Releaser assumes full about the Florida State Fareleaser agrees that the Florida and that if any portion Releaser, being of law activities, does for his/her County Hunter Association or nature, either in lare sulting or to result from whether by negligence or Releaser further states free act. Exhibitors and Terrors. Any conditions and Releaser further release him/her/it during participal	of them, their officers and heirs and next of kin for a bleaser, whether caused blemnify the releasees and State Fairgrounds, wheth responsibility for and risk airgrounds while competing his release, waiver, and in tion of the agreement is heful age, and the guardian /its heirs, executors, administs wor in equity arising from any accident which may conot. In the state he/she/it has careful rainers are responsible for dor questions that may and sees all officials and profession in equine activities. The entire agreement between the sees are seen and the sees all officials and profession in equine activities.	nty Hunter Association Inc. their officer d employees, all referred to as release all loss or damage, and any claim or day negligence of releases or otherwise deach of them from any loss, liability, her caused by the negligence of the related by the negligence of the related foodly injury, death, or property daing, officiating in, working, observing or indemnity agreement is intended to be need invalid, it is agreed that the balance of the minor named below (if applicable inistrators, and assigns, hereby release strators, and executors of any from any nor by reason of any bodily injury or proccur as a result of participation in equally read the above release and knows for a knowledge of the Rules and Regurise, if not specifically covered herein, assional personnel from any claim whatseveen the parties to this agreement and	es, from all liabitations, while the releases or other mage due to not for any purposas broad and it can shall, notwittlely in considerate and forever of any every classions are contents of lations regarding will be decided soever of accordance.	lity to the releas on account of easer is participst releasees merwise. egligence of rese participating nclusive as perhetanding, con ation of being patischarge the faim, demand, as known or unk or any activities of the release and the PCHAs of the sound of the pound of the participation o	ser, his/her/its injury to the pe ating in an equ ay incur due to leasees or othe in equine active mitted by the latinue in full legacemitted to parflorida State Faction or right of nown, death and in connection and signs this rehow and are reof Directors. Altreatment or se	personal rson or property or ine activity. the presence of releases while in on or ities. The same of
NAME		MINOR'S NAME				
Ad	ult, Parent Or Guard	ian (Please Print)				
SIGNATURE			DATE_			_
	Adult, Parent Or G	uardian				
E-mail address for P	CHA news and upda	ates:				_

Make checks payable to PCHA

Mail to: PCHA c/o Linda Kratochwill

24704 49th Ave E, Myakka City, FL 34251