

## 2019 PINELLAS COUNTY HUNTER ASSOCIATION, INC. MEMBERSHIP APPLICATION

MEMBER NAME _____	
STREET ADDRESS _____	
CITY, STATE, ZIP _____	
TELEPHONE _____	E-mail _____
TRAINER _____	
MEMBERSHIP	SINGLE _____ LIFE _____

CHECK IF NEW ADDRESS    
  CHECK IF YOU WISH TO RECEIVE PRIZE LISTS    
  CHECK TO RECEIVE EMAIL COMMUNICATIONS

CHILD 14 & UNDER _____	15-17 _____	CHILD'S DATE OF BIRTH _____	ADULT 18-35 _____	ADULT 36+ _____
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HORSE OR PONY NAME: _____	COLOR _____	AGE _____	SEX _____	HEIGHT _____	SIZE _____
HORSE OR PONY NAME: _____	COLOR _____	AGE _____	SEX _____	HEIGHT _____	SIZE _____
HORSE OR PONY NAME: _____	COLOR _____	AGE _____	SEX _____	HEIGHT _____	SIZE _____

**WARNING:** Under Florida law, an equine activity sponsor or equine professionals is not liable for an injury to, or the death of a participant in equine activities resulting from the inherent risks of equine activities. (Florida Statue 773.02) In consideration of being permitted to participate in equine activities conducted by Pinellas County Hunter Association Inc. the Florida State Fair Authority, Bob Thomas Equestrian Center, Tampa, Fl. releaser, for him/her/its self and his/her/its personal representatives, heirs, and next of kin, releases, waives, discharges and covenants not to sue Pinellas County Hunter Association Inc. their officers, members, promoters, sponsors, advertisers, owners, and lessees of the premises and each of them, their officers and employees, all referred to as releases, from all liability to the releaser, his/her/its personal representatives, assigns, heirs and next of kin for all loss or damage, and any claim or damage thereof, on account of injury to the person or property or resulting in death of the releaser, whether caused by negligence of releases or otherwise, while the releaser is participating in an equine activity. Releaser agrees to indemnify the releasees and each of them from any loss, liability, damage or cost releasees may incur due to the presence of releasor in on or about the Florida State Fairgrounds, whether caused by the negligence of the releasees or otherwise. Releaser assumes full responsibility for and risk of bodily injury, death or property damage due to negligence of releasees or otherwise while in on or about the Florida State Fairgrounds while competing, officiating in, working, observing or for any purpose participating in equine activities. Releaser agrees that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida and that if any portion of the agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Releaser, being of lawful age, and the guardian of the minor named below (if applicable) in consideration of being permitted to participate in equine activities, does for his/her/its heirs, executors, administrators, and assigns, hereby release and forever discharge the Florida State Fair Authority, Pinellas County Hunter Association Inc., their heirs, administrators, and executors of any from any and every claim, demand, action or right of action, of whatsoever kind or nature, either in law or in equity arising from or by reason of any bodily injury or personal injuries known or unknown, death and/or property damage resulting or to result from any accident which may occur as a result of participation in equine activities, or any activities in connection with equine activities, whether by negligence or not. Releaser further states that he/she/it has carefully read the above release and knows the contents of the release and signs this release as his/her/its own free act. Exhibitors and Trainers are responsible for a knowledge of the Rules and Regulations regarding the PCHA show and are responsible for their own errors. Any conditions and/or questions that may arise, if not specifically covered herein, will be decided by the Board of Directors. All decisions are final. Releaser further releases all officials and professional personnel from any claim whatsoever of account of first aid, treatment or services rendered him/her/it during participation in equine activities. This release contains the entire agreement between the parties to this agreement and the terms of this release are contractual and not a mere recital. Parent or Guardian of minor must sign below

NAME \_\_\_\_\_ MINOR'S NAME \_\_\_\_\_  
 Adult, Parent Or Guardian (Please Print)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Adult, Parent Or Guardian

PLEASE MAKE CHECKS PAYABLE TO P.C.H.A                      SINGLE MEMBERSHIP \$25.00 / LIFE MEMBERSHIP \$200.00

MAIL TO: PCHA c/o Linda Kratochwill 24704 49th Ave E, Myakka City, FL 34251