

# MEMBERSHIP REGISTRATION FORM

2019

Mail to: SJCHC c/o Tira Clyce PO BOX 3974 St. Augustine, FL 32085-3974

**DAY PASS (FOR USE OF EQUESTRIAN CENTER FOR 1 DAY ONLY) \_\_\_\_\_ \$3.00 PER PERSON**

**ANNUAL MEMBERSHIP:      INDIVIDUAL \$10.00 \_\_\_\_\_      FAMILY \$25.00 \_\_\_\_\_**

**DONATION: \$ \_\_\_\_\_ Tax ID# 31-1736942 CH11939      [www.sjchc.org](http://www.sjchc.org)**

NAME(S): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

By signing this membership form, you hereby acknowledge that you will follow all rules and regulations of St. Johns County Horse Council, Inc. ("SJCHC") and St. Johns County Board of County Commissioners ("SJCBC") as it pertains to the use of and conduct at the Equestrian Center (EC) located at 8200 Smith Rd, Hastings, Florida, and all SJCHC sponsored events. You further acknowledge that the EC is to be used only by members of the SJCHC and that access to this facility will be allowed only to members and their guests, from whom you are responsible for obtaining a signed Day Pass Membership and collecting and remitting this signed Day Pass and fee to the SJCHC at the address shown above. Failure to do so will result in your removal from the membership role and will result in your complete assumption of all liabilities arising out of any cause of action. You further agree to indemnify and hold harmless both the SJCHC and SJC as shown below: The undersigned agrees to indemnify and hold the SJCHC and SJCBC and its officers, agents, and employees harmless from any and all liability, damages, actions, claims, demands, expenses, judgments, fees and costs of whatever kind or character, arising from, by reason of, or in connection with the use of the facilities described herein. It is the intention of the undersigned that the SJCHC and SJCBC and its officers, agents and employees shall not be liable or in any way responsible for injury, damage, liability, loss or expense resulting to the user and those they bring onto the premises due to accidents, mishaps, misconduct, negligence or injuries either in person or property. The undersigned expressly assumes full responsibility for any and all damages or injuries which may result to any person or property by reason of, or in connection with, the use of the facilities pursuant to this agreement, and agrees to pay SJCHC and SJCBC for all damages caused to the facilities resulting from the user's activities hereunder. The undersigned represents that the activities pursuant to this agreement will be supervised by adequately trained personnel, and that user will observe, and cause the participants in any activities to observe all safety rules for the facility and the activity. The undersigned acknowledges that the SJCHC and SJCBC have no duty to and will not provide supervision during any activity.

**UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.  
\*\*RIDERS UNDER THE AGE OF 17 ARE REQUIRED TO WEAR ASTA APPROVED HELMETS AT ALL TIMES WHILE ON HORSE BACK ON ST. JOHNS COUNTY EQUESTRIAN CENTER PROPERTY\*\***

**I have read, and agree to comply with, all conditions outlined in this form.**

\_\_\_\_\_  
**Signature(s) of Members  
DATE (PLEASE FILL IN)**

\_\_\_\_\_  
**Signature of parent or guardian (Junior Membership)**

\_\_\_\_\_  
**Names of all minor children (Family Membership)**

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE WITHIN THE STATE. **1-800-HELP-FLA** (435-7352) REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."