ST. JOHNS COUNTY HORSE COUNCIL www.sjchc.org

SPRING POKER RIDE - SATURDAY APRIL 16, 2016 - WELAKA STATE FOREST

| NAME | PHONE | | | |
|----------------------------|------------|-------|-----|---|
| ADDRESS |] | EMAIL | | _ |
| CITY AND STATE | | | ZIP | |
| POKER RIDE (SATURDAY) | X \$10.00 | \$ | | _ |
| AFTERNOON GAMES (flat fee) | X \$ 5.00 | \$ | | |
| *CAMPING/PER NIGHT | X \$ 15.00 | \$ | | _ |
| *STALL/PER NIGHT/DAY | X \$10.00 | \$ | | |

*No Reservations – first come, first serve

PLEASE NOTE: WE ARE ALL RESPONSIBLE FOR CLEANING OUR OWN STALLS

BRING YOUR OWN SHAVINGS

*****Reservations needed for Bunk Houses***** Contact: Stacey @ Welaka State Forest (386) 467-2740 to reserve

LUNCH AVAILABLE FOR PURCHASE FROM COLEMANS

Hot Dogs, Burgers, Fish Sandwiches, Chips, Fresh Hot Fries, Drinks

PLEASE SIGN RELEASE FORM ON BACK

Release of Liability: St Johns County Horse Council, Inc.

I, the undersigned, wish to participate in the St. Johns County Horse Council, Inc. event on April 16, 2016. I understand that during portions of this event I will be in close proximity to one or more horses under circumstances which may expose me to some risk of injury, because of the nature of horses, the facility, and the activities in which I will be engaged.

In consideration of the St. Johns County Horse Council, Inc., allowing my participation in this event, I, on behalf of myself, my heirs, administrators, personal representatives, assigns and children and spouse, if any, do hereby agree to hold harmless, release, and discharge St. Johns County Horse Council, Inc., which includes its officer, directors, members, agents, representatives, affiliates and insurers, of and from all claims, demands, causes of actions or causes of action against St. Johns County Horse Council, Inc. for any damage or loss due to bodily injury, death or property damage arising out of my participation in this event. I have read, and agree to abide by, all the rules of the Welaka State Forest.

Under Florida law, an equine 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 17 must wear an ASTM approved helmet.

| Signature | of Participan | t |
|---------------|------------------|---|
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Signature of Parent or Guardian (if participant is a minor)

Copy of Coggins required for all horses All Riders under 17 must wear helmets Date

Date