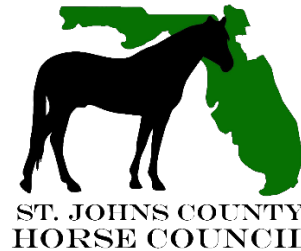


ANNUAL MEMBERSHIP REGISTRATION FORM



Please Check One

INDIVIDUAL	\$15.00	<input type="checkbox"/>
FAMILY	\$25.00	<input type="checkbox"/>

St. Johns County Horse Council
SJCHC, P.O. BOX 538 HASTINGS, FLORIDA 32145

DATE: _____

PLEASE PRINT LEGIBLY AND LIST ALL MEMBERS UNDER THE FAMILY MEMBERSHIP

Children over the age of 18 must have their own membership.

ADULT: _____	DOB: _____	ADULT: _____	DOB: _____
MINOR: _____	DOB: _____	MINOR: _____	DOB: _____
MINOR: _____	DOB: _____	MINOR: _____	DOB: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

By signing this membership form, you hereby acknowledge that you will follow all rules and regulations of The St. John's County Horse Council, Inc. (SJCHC) and St. John's County Statues (SJC) as it pertains to the use of and conduct at the Equestrian Center (EC) located at 8200 Smith Road, Hastings, Florida. 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 ant cause of action.

You further agree to indemnify and hold the SJCHC and SJC and its officers, agents and employees harmless from any and all liability, damages, actions, claims, demands, expenses, judgements, 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 SJC 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 SJC 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 use 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 SJC 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 ACTIVITES 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****

By signing, you agree to comply with all conditions outlined in this form.

If releasing minors for individual membership please print and sign only once. If family, please have both adults print and sign.

Adult Print Name: _____

Adult Print Name: _____

Adult Signature: _____

Adult Signature: _____