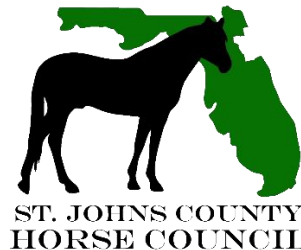


**\$10 Per Person
annual fee**

ANNUAL MEMBERSHIP REGISTRATION FORM

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



DATE: _____

PLEASE PRINT LEGIBLY

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____ **STATE:** _____ **ZIP:** _____

CITY: _____ **PHONE:** _____

EMAIL: _____

RIDING DISCIPLINES: _____

(TRAILS, RODEO, ENGLISH, SHOW, BARREL RACING, WESTERN PLEASURE ETC.)

By signing this membership form, you hereby acknowledge that you will follow all rules and regulations of The St. Johns County Horse Council, Inc. (SJCHC) and St. Johns County Statutes (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.

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 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 OR AT HORSE COUNCIL SPONSORED EVENTS****

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

IF RELEASING A MINOR FOR MEMBERSHIP PLEASE PRINT AND SIGN AS THEIR RESPONSIBLE GUARDIAN

PRINT NAME: _____

SIGNATURE: _____