



Plantation Acres Saddle Club 2023-2024 Membership Application

Complete and submit the membership application to: pasaddleclub@outlook.com. Membership payments online at: www.plantationacressaddleclub.com.

MEMBERSHIP: INDIVIDUAL \$30 | FAMILY \$35 *(includes parents and legal children under 18 years of age)*

Name: _____ DOB: ____ / ____ / ____

Additional Name: _____ DOB: ____ / ____ / ____

Additional Name: _____ DOB: ____ / ____ / ____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Barn/Trainer: _____ Phone: _____

Emergency Contact: _____ Phone: _____

BY SIGNING THIS AGREEMENT I/WE ACKNOWLEDGE AND AGREE TO ASSUME ALL RESPONSIBILITIES AND RISKS ASSOCIATED WITH MY OR MY CHILD'S PARTICIPATION IN PASC HORSE SHOWS AND FURTHER AGREE TO HOLD HARMLESS COMPETITION MANAGEMENT, IT'S EMPLOYEES, DIRECTORS, AGENTS, MEMBERS, AND PLANTATION EQUESTRIAN CENTER FROM ANY CLAIM WHATSOEVER FOR EXPENSE, LOSS, INJURY TO PERSON OR PROPERTY, OR DEATH OF ANY PERSON OR HORSE THAT MAY ARISE OUT OF OR IN CONNECTION TO THE PASC HORSE SHOWS.

I AM FURTHER WARNED THAT UNDER FLORIDA LAW, ANY EQUINE SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURIES TO, OR DEATH OF, A PARTICIPANT IN ANY EQUINE ACTIVITIES EFFECTIVE UNDER FLORIDA LAW. BE WARNED THAT RIDING OF HORSES/PONIES IN ANY EQUINE SPORT IS AN INHERENTLY DANGEROUS RISK TO THE RIDER AND/OR PROPERTY (SENATE BILL 1658- SECTION 91.1A).

I/WE HAVE REVIEWED, ACKNOWLEDGE AND AGREE TO PASC RULES www.PlantationAcresSaddleClub.com.

Rider Signature: _____ Date: _____

Parent Signature: _____ Date: _____
(Required for riders under age 18)