

# SUN COUNTRY TRAIL BLAZERS

[www.suncountrytrailblazers.org](http://www.suncountrytrailblazers.org)

## MEMBERSHIP AGREEMENT AND RELEASE WAIVER 2022-2023

Membership Dues (April-April, Circle one)      Single \$20    Family \$30    Guest \$10

PLEASE PRINT

Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ EMERGENCY PHONE No. \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_

NAMES OF ALL MINOR PARTICIPANTS FOR WHOM I AM LEGALLY RESPONSIBLE:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**THE Sun Country Trail Blazers (SCTB) AND ITS BOARD OF DIRECTORS DOES NOT GUARANTEE YOUR SAFETY.**

1. Voluntary Participation The undersigned agree, for myself and/or on behalf of my child, spouse, or legal ward, that we are voluntarily participating in activities sponsored by the Sun Country Trail Blazers. (herein after SCTB) and that I/we participate in these events at our own risk of injury or property damage as I/we may incur in relation to such activities.

2. Incident Cost Responsibility and Medical Insurance Disclosure I agree that I/we will be responsible for any and all costs incurred by us for injury or property damage I/we may incur and that I/we are covered by accident-medical insurance coverage now in force.

3. Personal Responsibility I agree that I am responsible for the negligent acts of my family members, other members of my household, and/or legal wards.

4. Personal Financial Losses I agree that I am responsible for my own financial loss in relation to the theft or damage to my tack, equipment, vehicles, trailers, and horses while participating in these events.

5. Protective Headgear Warning I agree that I am aware that SCTB. recommends that I purchase and wear protective headgear which meets or exceeds the quality standards of the Certified ASTM Standard F1163 Equestrian Helmet, while riding, being, and working near horses. I understand that the wearing of such headgear while mounting, riding, dismounting, and otherwise being near horses may reduce severity of the wearer's head injuries and possibly prevent the wearer's death as the result of a fall from a horse or other occurrences. **"Nicole's Law" requires any child under the age of 16 years and riding an equine on any public lands, roads, or trails to wear a certified helmet.**

6. Liability Release I agree that I hereby, for myself, my family members, my heirs, administrators, personal; representatives, and assigns, do agree to hold harmless, release and discharge SCTB, its officers, directors, representatives, assigns, members, premises owners, affiliated organizations, insurers, and others acting on its behalf, from any and all claims demands, causes of actions, and legal liability, whether the same be known or unknown, anticipated or unanticipated, while participating in or attending any SCTB activity. I do further agree that I shall bring no claims, demands, legal actions and causes of action against SCTB. and/or its officers, directors, representatives, assigns, members, premises owners, affiliated organizations, insurer, or other acting on behalf of SCTB, as stated above in this clause for any economic or non-economic losses due to bodily injury, death, and/or property damage sustained by me and/or my minor child or legal ward in relation to the operations of SCTB including, but not limited to, riding, handling, or otherwise being near horses or other equine species.

7. Zero Liability Under Florida Law, an equine activity sponsor or equine professional is not liable for an injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities.

STATEMENT OF AWARENESS: The undersigned, being of legal age, have read and understand the foregoing agreement and release.

EACH LEGAL AGE PARTICIPANT, PARENT, OR LEGAL GUARDIAN OF THE MINOR PARTICIPANTS LISTED ABOVE MUST SIGN BELOW:

Signature: \_\_\_\_\_ DATE \_\_\_\_\_

Signature: \_\_\_\_\_ DATE \_\_\_\_\_

Interested in helping on a committee? Trail Riding \_\_\_\_\_ Camping \_\_\_\_\_ Banquet \_\_\_\_\_  
Alzheimer's Ride \_\_\_\_\_ Webpage \_\_\_\_\_ Officer \_\_\_\_\_ Other \_\_\_\_\_

I ride a \_\_\_\_\_ non gaited \_\_\_\_\_ gaited horse.

**Mail this application and check with self-addressed stamped envelope to:  
SCTB, 75 Lake View Dr E, Ocala, FL 34482**