

FLORIDA HORSEMEN'S CLUB (FORMERLY GTR)  
POKER RIDE AND CAMP OUT  
APRIL 5-7 POKER RUN APRIL 6, SATURDAY  
DUPUIS

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HORSES NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ENTRY FEE 1<sup>st</sup> HAND \$30 EARLY BIRD \$40 AFTER March 1 TOTAL \$ \_\_\_\_\_

ADDITIONAL HANDS \$5.00: CIRCLE ONE 1 2 3 4 5 OTHER \_\_\_\_\_ TOTAL \$ \_\_\_\_\_

LUNCH CAN BE PURCHASED FOR NON-REGISTRANTS - \$5.00 TOTAL \$ \_\_\_\_\_

**IF YOU WOULD LIKE TO JOIN FLORIDA HORSEMEN'S CLUB**

SINGLE MEMBERSHIP \$20.00 \_\_\_\_\_ FAMILY \$35.00 \_\_\_\_\_ MEMBERSHIP RUNS 4/1/2024-5/31/2025 TOTAL \$ \_\_\_\_\_

DAY MEMBERSHIP FOR April 6 POKER RUN \$5.00 (WAIVED IF YOU JOIN ABOVE) TOTAL \$ \_\_\_\_\_

GRAND TOTAL DUE \$ \_\_\_\_\_

THIS DOCUMENT IS MEANT TO BE A FULL AND COMPLETE RELEASE FROM ANY AND ALL LIABILITY THAT MAY ARISE OR MIGHT IN THE FUTURE ARISE FROM PARTICIPATING IN THE ABOVE EQUINE ACTIVITY. THE ABOVE EQUINE ACTIVITY SPONSOR, OR ANY PERSON WHICH SHALL INCLUDE A CORPORATION OR PARTNERSHIP OR NON PROFIT CLUB OF THE ABOVE ACTIVITY SPONSOR, OR ANY THING WITH FLORIDA HORSEMEN'S CLUB SHALL NOT BE LIABLE FOR ANY INJURY TO OR THE DEATH OF A PARTICIPANT RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES AND PROVIDED IN S.773.03 NO PARTICIPANT NOR ANY PARTICIPANTS REPRESENTATIVE SHALL HAVE ANY CLAIM AGAINST OR RECOVER FROM THE ABOVE EQUINE ACTIVITY SPONSOR FOR INJURY, LOSS, DAMAGE OR DEATH OF THE PARTICIPANT RESULTING FROM ANY OF THE INHERENT RISKS OF EQUINE ACTIVITIES. THIS RELEASE IS GIVEN FREELY AND VOLUNTARILY BY THE PARTICIPANT AND IS MEANT TO REMAIN IN EXISTENCE THROUGHOUT THE DURATION OF THE EQUINE ACTIVITY FROM APRIL 5-7, POKER RUN IS APRIL 6<sup>TH</sup>, SATURDAY.

UNDER FLORIDA LAW AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONALS ARE NOT LIABLE FOR ANY INJURY TO OR DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITIES. I UNDERSTAND THE SPORT INVOLVES BEING IN REMOTE AREAS FOR AN EXTENDED PERIOD OF TIME. FAR FROM COMMUNICATIONS, TRANSPORTATION AND MEDICAL FACILITIES THAT THESE AREAS MAY HAVE NATURAL AND MANMADE HAZARDS WHICH RIDE MANAGEMENT CANNOT ANTICIPATE IDENTIFY, MODIFY OR ELIMINATE. THAT HORSES CAN BE EXCITABLE DIFFICULT TO CONTROL AND UNPREDICTABLE AND THAT ACCIDENTS CAN HAPPEN TO ANYONE AT ANY TIME. I ACCEPT RESPONSIBILITY FOR INJURY OR LOSS THAT MIGHT OCCUR TO MYSELF AND OR TO MY HORSES OR FAMILY OR GUESTS IN MY COMPANY DUE TO ANY REASON WHETHER BY NATURAL OR MANMADE HAZARDS OR DUE TO THE BEHAVIOR OF OTHER RIDERS OR HORSES PARTICIPATING IN THE EVENT FOR WHICH I AM SIGNING THIS RELEASE. THIS RELEASE APPLIES FOR THE ENTIRE RIDE ARRIVAL DURING AND THROUGH DEPARTURE. I HAVE READ AND UNDERSTAND THIS RELEASE AND BY SIGNING MY NAME BELOW DO HEREBY RELEASE FLORIDA HORSEMEN'S CLUB AND OR ANY VOLUNTEERS & STAFF OR TRAINERS OR HIRED HAND FROM ANY LIABILITY WHATSOEVER.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ AGE: \_\_\_\_\_

PARENTS SIGNATURE FOR MINOR: \_\_\_\_\_ RELATIONSHIP TO MINOR: \_\_\_\_\_

HORSES NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

**MINORS MUST WEAR HELMET AT ALL TIMES WHILE ON HORSE**

CONTACT:

JAMIE WILSON – 954-328-5697  
MARY CAY SWENSON – 561-313-8618

ZELLE TO [jamiehorsecrazy@gmail.com](mailto:jamiehorsecrazy@gmail.com)  
OR MAKE CHECK TO:  
FLORIDA HORSEMEN'S CLUB  
10152 INDIANTOWN RD. #109  
JUPITER, FLORIDA 33478

DATE RECEIVED: \_\_\_\_\_ AMOUNT:\$ \_\_\_\_\_ CHECK#: \_\_\_\_\_ CASH: \_\_\_\_\_ ZELLE CONF: \_\_\_\_\_