FLORIDA HORSEMEN'S CLUB (FORMERLY GTR) POKER RIDE AND CAMP OUT March 28th to March 31st POKER RUN March 29th SATURDAY DUPUIS

NAME:				_
ADDRESS:				_
CITY:	STATE	3:	ZIP:	_
HORSES NAME:	AGE:	PHONE #:		-
EMAIL:				_
ENTRY FEE 1st HAND \$30 EARLY BIRD \$40 A	AFTER March 15th		TOTAL \$	_
ADDITIONAL HANDS \$5.00: CIRCLE ONE 1	2 3 4 5 OTHER		TOTAL \$	_
LUNCH CAN BE PURCHASED FOR NON - RE	EGISTRANTS - \$5.00		TOTAL \$	_
IF YOU WOULD LIKE TO JOIN FLORIDA	HORSEMEN'S CLUB			
SINGLE MEMBERSHIP \$20.00 FAMILY	\$35.00 MEMBERSH	HIP RUNS 3/29/2025-5/31/202	26 TOTAL \$	-
DAYMEMBERSHIP for March 29^{th} , poke	R RUN, \$5.00 (WAIVED I	F YOU JOIN ABOVE)	TOTAL \$	
		GRAND TO	OTAL DUE \$	-
THIS DOCUMENT IS MEANT TO BE A FUL FUTURE ARISE FROM PARTICIPATING IN SHALL INCLUDE A CORPORATION OR PARTICIPATION OR PARTICIPATION OR PARTICIPATION OR PARTICIPATION OR EQUINE ACTIVITIES HAVE ANY CLAIM AGAINST OR RECOVED PARTICIPANT RESULTING FROM ANY OF BY THE PARTICIPANT AND IS MEANT TO POKER RUN IS APRIL 6 TH , SATURDAY.	THE ABOVE EQUINE AC ARTNERSHIP OR NON I T BE LIABLE FOR ANY AND PROVIDED IN S.7 R FROM THE ABOVE EQ THE INHERENT RISKS O	TIVITY. THE ABOVE EQUE PROFIT CLUB OF THE AL INJURY TO OR THE DE 73.03 NO PARTICIPANT NO OUINE ACTIVITY SPONSOF FEQUINE ACTIVITIES. TH	TINE ACTIVITY SPONSOR, OR A BOVE ACTIVITY SPONSOR, OF EATH OF A PARTICIPANT RES OR ANY PARTICIPANTS REPR R FOR INJURY, LOSS, DAMAGE IS RELEASE IS GIVEN FREELY	ANY PERSON WHICH R ANY THING WITH SULTING FROM THE ESENTATIVE SHALE E OR DEATH OF THE AND VOLUNTARILY
UNDER FLORIDA LAW AN EQUINE ACTIV PARTICIPANT IN EQUINE ACTIVITIES RES BEING IN REMOTE AREAS FOR AN EXTENI THAT THESE AREAS MAY HAVE NATURAL OR ELIMINATE. THAT HORSES CAN BE EXANYONE AT ANY TIME. I ACCEPT RESPEAMILY OR GUESTS IN MY COMPANY DUI OTHER RIDERS OR HORSES PARTICIPATIN RIDE ARRIVAL DURING AND THROUGH DI HEREBY RELEASE FLORIDA HORSEMEN'S WHATSOEVER.	ULTING FROM THE INH DED PERIOD OF TIME. F. L AND MANMADE HAZA CCITABLE DIFFICULT TO ONSIBILITY FOR INJUR E TO ANY REASON WHE G IN THE EVENT FOR W EPARTURE. I HAVE REA	ERENT RISK OF EQUINE A AR FROM COMMUNICATIO ARDS WHICH RIDE MANAO CONTROL AND UNPRED Y OR LOSS THAT MIGHT THER BY NATURAL OR M HICH I AM SIGNING THIS D AND UNDERSTAND THIS	ACTIVITIES. I UNDERSTAND THOMS, TRANSPORTATION AND MEMENT CANNOT ANTICIPATE VICTABLE AND THAT ACCIDEN OCCUR TO MYSELF AND OR ANMADE HAZARDS OR DUE TO RELEASE APPL SELEASE AND BY SIGNING MELEASE AND BY SIGNING MEDICANS TO THE CONTROL OF THE PROPERTY OF TH	HE SPORT INVOLVES MEDICAL FACULTIES E IDENTIFY, MODIFY MTS CAN HAPPEN TO TO MY HORSES OF O THE BEHAVIOR OF LIES FOR THE ENTIRE MY NAME BELOW DO
SIGNATURE:		_DATE:	AGE:	-
PARENTS SIGNATURE FOR MINOR:		RELATIONSHIP	TO MINOR:	_
HORSES NAME:		AGE:		-
MINO	Proof of negative	MET AT ALL TIMES WHIL re coggins may be asked for CONTACT:	E ON HORSE	

BARRY HARRISON -561-317-7437 MARY CAY SWENSON – 561-313-8618

ZELLE TO **floridahorsemensclub@yahoo.com** OR MAKE CHECK PAYABLE TO:

OR MAKE CHECK PAYABLE TO FLORIDA HORSEMEN'S CLUB 10152 INDIANTOWN RD. #109 JUPITER, FLORIDA 33478

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