

Pasco Horsemens Associaton

13215 Fivay Rd, Hudson FL 34667 pha@pascohorsemens.org

Application for Membership and Equine Activity Release

Dues for 2025: Primary Member \$75.00. Additional Household Family Members \$5.00 each. Family Members include Spouse, Children and Grandchildren. Over the age of 18 will need their own membership.

Primary Member Name _____ Birthdate _____

Address _____

City _____ Zipcode _____

Preferred Phone _____ Email _____

Additional Family Member _____ Birthdate _____

Additional Family Member _____ Birthdate _____

Additional Family Member _____ Birthdate _____

Additional Family Member _____ Birthdate _____

*******IF YOU DID NOT SATISFY VOLUNTEER REQUIREMENTS OF 2024 MEMBERSHIP (5 hrs each Quarter) YOUR 2025 MEMBERSHIP WILL NOT RENEW UNTIL SPONSOR FEE OF UP TO \$200.00 (\$50 for each quarter volunteer hrs were not performed) IN ADDITION TO \$75 for 2025 MEMBER FEE IS PAID IN FULL*******

I understand the membership requirement may include volunteer hours and/or a sponsorship fee in lieu of the volunteer hours or your membership to PHA may be suspended for a specific time as set by the Executive Board.

The Executive Board voted and approved for the 2025 membership to require members to perform volunteer hours: 5 hours for all members 18-years-old or older to help the Association, per calendar quarter or in lieu of volunteer hours, a member shall pay a sponsorship fee of \$50 per calendar quarter. If the member does not perform their required volunteer hours and does not pay the sponsorship fee the Executive Board has the right to suspend the membership for the next calendar quarter.

Signature

I understand that horseback riding and related activities are dangerous and involve the risk of serious injury and/or death, and/or property damage, including injury and/or death to the horses, spectators, and others. I agree any activity engaged in will be done at my own risk. I release and hold harmless the property owner, all agents, members, sponsors, promoters, volunteers, other riders, and horse owners, from all liability. I assume full responsibility for all inherent risks associated with equine related activities. I agree this release/hold harmless waiver is intended to be as broad and inclusive as is permitted by the laws of the State of Florida. I have read and voluntarily sign and further agree that no oral representation, statements, or inducements, apart from this forgoing written agreement have been made nor shall be made except by written addendum. Under Florida Law, Statutes 773.04 an equestrian activity sponsor or equine professional is not liable for any injury to or the death of a participant in equine activities resulting from the inherent risk of equine activities.

By signing this membership application, you acknowledge the above waiver and that you have read a copy of PHA rules and Bylaws.

Dated this _____ Day of _____ 20 _____

Signature of Primary Member _____

Date _____ Amount _____ Cash/Paypal/Check# _____

Approved By _____ Title _____