

Silver Sands Bridle Club, Inc. General Membership Application

(ONE TIME APPLICATION FEE = \$20.00)

*****MUST ATTEND 3 GENERAL MEETINGS AND COMPLETE 3 WORKDAYS WITHIN 6 MONTHS *****

TYPE OF MEMBERSHIP:

FAMILY \$50.00 PER YEAR () INDIVIDUAL \$25.00 PER YEAR ()

NAME: _____ PHONE: () _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

NAMES OF ALL FAMILY MEMBERS: ** DO THEY RIDE? (circle answer)

Spouse: _____ Yes No

**** Children 18 yrs and older must complete and maintain their own membership application. ****

CHILD'S NAME:	AGE:	DOB:	DO THEY RIDE?	
			Yes	No
			Yes	No
			Yes	No
			Yes	No

Which type of Horse Show or activities are you interested in? (Circle all that apply.)

*Clinics Dressage Drill Team Driving Halter Hunter/Jumper Trail Riding Reining Speed Western
Performance English Performance Obstacles Other: _____*

I do hereby agree to support the Silver Sands Bridle Club, Inc. and to abide by all rules and regulations issued by it to the best of my ability. I understand that this application will expire at the conclusion of the 6 month period from the original date of submission should I fail to attend the 3 General meetings within the 6 month period. Failure to complete the 3 meetings and 3 workdays within the 6 months will result in forfeiture of the original application fee and any accumulated work-days. Continuance of membership process after this time will result in an additional \$20.00 application fee. Applicant must be in attendance at a General Membership meeting after completion of 3 meetings and 3 workdays in order to be voted in by membership. Membership privileges, including riding on property and use of covered arena and outdoor rings, do not begin until applicant has completed membership requirements and has been voted in at a General Meeting.

Signature of Applicant (s) _____

Date _____

Sponsoring Member's Signature _____

Club Use Only - Do not write in this area.

Meeting 1: _____ Work Day 1: _____
 Meeting 2: _____ Work Day 2: _____
 Meeting 3: _____ Work Day 3: _____

Date Application Fee Paid: _____ Cash/Check _____
 Date Membership Dues Paid: _____ Cash/Check _____

Contributions or gifts to Silver Sands Bridle Club, Inc. are not deductible as charitable contributions for Federal income tax purposes.

SILVER SANDS BRIDLE CLUB, INC.
APPLYING MEMBER WAIVER
625 COUNTY ROAD 415 NEW SMYRNA BEACH FL 32168
PLEASE COMPLETE BELOW AND SIGN IN THREE DESIGNATED AREAS

* **Incident Costs Responsibility And Medical Insurance Disclosure** I agree that I/we will be responsible for any and all costs incurred by us for injuries or property damage I/we may incur and that we are covered by accident-medical insurance coverage now in force. If I/we do not have accident insurance I/we agree to absorb any medical costs and loss of earnings should I be injured. I/we also understand that the Silver Sands Bridle Club, Inc. does not carry Medical insurance should I be injured.

SIGNATURE Applying Member / Guardian

* **Personal Responsibility** I agree that I am responsible for the negligent acts of my family members and/or legal wards and animals, and I do carry personal liability insurance as indicated below:

_____ HOMEOWNERS/ TENANTS INSURANCE POLICY _____ FARM OWNER'S POLICY
_____ NO COVERAGE WILL ABSORB LOSS PERSONALLY _____ PERSONAL LIABILITY POLICY

* I agree that I am responsible for my own financial loss in relation to the theft or damage to our tack, equipment, vehicles, trailers and horses while on the Silver Sands Bridle Club, Inc. premises.

* **Protective Headgear Warning** I agree that I have been fully warned and advised by This Club that I should purchase and wear protective headgear which meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F 1163 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 some of the wearer's head injuries and possibly prevent the wearer's death from happening as the result of a fall from a horse or other occurrences.

SIGNATURE Applying Member / Guardian

WAIVER & INDEMNITY

THE UNDERSIGNED, participant or guardian of participant, hereby expressly agrees that participation in the Equine activities this _____ day of _____, is COMPLETELY VOLUNTARY, that he/she is fully aware that equine activities involve dangerous risks of serious injury or death resulting from not only human actions or errors, but also equine actions or reaction to stimuli seen or unseen, which may cause an animal to bolt, rear, buck, kick, shy, trip, bite, fall, turn or merely misstep. THEREFORE, the undersigned agrees to WAIVE all claims or causes of action which he/she or participant may have or may hereafter acquire against ANY OTHER PARTICIPANT OR SILVER SANDS BRIDLE CLUB, INC., Their agents, servants, employees, members or board of directors for such risks, numerated above by example, whether caused in whole or in part by negligence. The undersigned further agrees to INDEMNIFY AND HOLD HARMLESS THE OTHER PARTICIPANTS AND SILVER SANDS BRIDLE CLUB, INC. from any injury or damage to the undersigned, the participant, the horse, and any other person which he/she personally caused to be present this day, including but not limited to owners, trainers, handlers, grooms and spectators, caused in whole or in part by the risks in equine activities or negligent acts of the officers, agents, employees, members or directors of SILVER SANDS BRIDLE CLUB, INC OR ANY OTHER PARTICIPANT.

THE UNDERSIGNED, expressly RESERVES ALL RIGHTS in the event of loss, injury or damage which occurs as a result of (1) intentional acts; (2) gross negligence, 3) a participant's knowing refusal to comply with a rule provided by SILVER SANDS BRIDLE CLUB, INC. and which non-compliance was known by SILVER SANDS BRIDLE CLUB, INC. for a latent dangerous condition on the property which was known or should have been known by SILVER SANDS BRIDLE CLUB, INC. And for which SILVER SANDS BRIDLE CLUB, INC., failed to reasonably warn of or repair pursuant to premises liability law.

NOTICE TO THE MINOR CHILDREN / CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF (SILVER SANDS BRIDLE CLUB, INC., OR ITS MEMBERS) USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM (SILVER SANDS BRIDLE CLUB, INC., OR ITS MEMBERS) IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND (SILVER SANDS BRIDLE CLUB, INC., OR ITS MEMBERS) HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

I, 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 HEREBY REGISTERED MUST SIGN BELOW

Dated this _____ Day of _____, _____

Signature of Applying Member or Parent /Guardian _____

Print Applying Member's Name or Parent /Guardian _____

Dated this _____ Day of _____, _____

Signature of Applying Spouse _____

Print Applying Spouse's Name _____

Contributions or gifts to Silver Sands Bridle Club, Inc. are not deductible as charitable contributions for Federal income tax purposes.