

SILVER SANDS BRIDLE CLUB

OPEN ENGLISH & WESTERN PLEASURE SHOW ENTRY FORM

625 TOMOKA FARMS ROAD (C.R 415), NEW SMYRNA BEACH, FL 32168

A REGISTRATION FORM FOR EACH HORSE/RIDER COMBINATION MUST BE SIGNED AND CASH OR A SIGNED OPEN CHECK MUST BE GIVEN TO THE SHOW OFFICE BEFORE NUMBERS ARE ISSUED.

\$10 Pre-Entry credit! Send in your entries early via email and receive \$10 towards your show bill. Must register & show in a minimum of 5 classes to qualify.

Email entries to: ssbcpleasure@gmail.com

CONTESTANT #: _____

EXHIBITOR NAME: _____ SSBC MEMBER? YES _____ NO _____

EMAIL ADDRESS: _____ EXHIBITOR D/O/B: _____

HORSE'S NAME: _____ HORSE'S D/O/B: _____

HORSE'S OWNER: _____ TRAINER: _____

HIGH POINT DIVISION (CHOOSE ONLY 1): _____

WRITE CLASS NUMBERS BELOW:

1 ALL DAY SHOW FEE (STALL & OFFICE FEE ARE ADDITIONAL)	_____	\$
WEEKEND SHOW FEE (STALL & OFFICE FEE ARE ADDITIONAL)	_____	\$
\$10.00 PRE-ENTRY CREDIT	_____	\$
\$15.00 PER CLASS FEE _____ # OF CLASSES	_____	\$
\$30.00 STALL FEE _____ # OF STALLS PER DAY	_____	\$
\$50.00 WEEKEND STALL FEE _____ # OF STALLS PER DAY	_____	\$
\$25.00 RV HOOK -UP FEE _____ # OF RV'S PER DAY	_____	\$
\$25.00 GROUNDS FEE _____ # OF HORSES PER DAY	_____	\$
\$20.00 OFFICE/MEMBER FEE _____ PER HORSE/RIDER	_____	\$
\$5.00 PAYPAL CONVENIENCE FEE	_____	\$

TOTAL DUE:	_____	\$
CASH AMT	_____	\$
CHECK #	_____	
CERTIFICATES	_____	
TOTAL PAID	_____	\$

Coggins Information:

Accession #: _____

Date Drawn: _____

Location: _____

SIGNATURE OF RESPONSIBLE PERSON: _____

DATE: _____ CELL PHONE #: _____

Revised 01/04/2022

WARNING: 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 RISK OF EQUINE ACTIVITIES.
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., 625 COUNTY ROAD 415 NEW SMYRNA BEACH FL 32168
PLEASE COMPLETE BELOW AND SIGN IN THREE DESIGNATED AREAS**

WAIVER

*** 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 Participant or 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 Participant or 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 CHILD/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

**SIGNATURES: PARTICIPANT _____ OR
PARENT/NATURAL GUARDIAN/OR LEGAL GUARDIAN FOR MINOR PARTICIPANT (CIRCLE ONE)**

**PRINT PARTICIPANTS NAME _____ DATE: _____
ADDRESS: _____**