

WICKHAM PARK EQUINE CLUB, INC.

MEMBERSHIP APPLICATION

TYPE OF MEMBERSHIP AND ANNUAL DUES:

FAMILY: All members of one household residing at a single residence: \$35.00/year ()

INDIVIDUAL: Any person, eighteen years or older: \$25.00/year ()

JUNIOR: Any person under 18th on January 1 of current year: \$25.00/year ()

Member Applicant or Adult Parent/Legal Guardian of Minor Applicant must sign MEMBER WAIVER FORM. Completed MEMBER WAIVER FORM, full payment and appropriate signatures must be submitted at time of application or membership will not be accepted.

NAME: _____ PHONE: (____) _____

ADDRESS: _____

CITY: _____ STATE: ____ ZIP: _____

E-MAIL ADDRESS: _____

STABLE AFFILIATION: _____

NAMES OF FAMILY MEMBERS:	DO YOU/THEY RIDE? (circle answer)
Spouse: _____	Yes No
Child: _____ Age _____	Yes No
Child: _____ Age _____	Yes No
Child: _____ Age _____	Yes No
Child: _____ Age _____	Yes No

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

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

How many horses do you have? _____ Registered Breeds: _____

All members are required to perform twelve (12) volunteer club service hours per year or pay an annual \$20.00 "work-free" fee along with their annual membership dues in order to be eligible for year-end awards. Are you electing the "work-free" option? Yes _____ No _____

The membership year runs from January 1st through December 31st. No provisions are made for partial year memberships/payments. Individual and family memberships carry one vote and are eligible to hold office, be on a committee, and participate in all club programs and awards offered by the Club. Junior memberships do not carry voting privileges and are not eligible to hold office or be on a committee. However, Junior members may participate in all club programs and awards offered by the Club.

I DO HEREBY AGREE TO SUPPORT THE WICKHAM PARK EQUINE CLUB, INC. AND TO ABIDE BY ALL RULES AND REGULATIONS ISSUED BY IT TO THE BEST OF MY ABILITY.

Signature of Applicant or Adult Parent/Legal Guardian of Minor

DATE

WICKHAM PARK EQUINE CLUB, INC.
MEMBER OR APPLYING MEMBER WAIVER FORM

- 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 earning should I/We be injured. I/We also understand that the Wickham Park Equine Club, Inc. does not carry medical insurance should I/We be injured.

SIGNATURE OF MEMBER/PARENT/LEGAL GUARDIAN *DATE*

- Personal Responsibility:** I/We agree that I/We are responsible for the negligent acts of my family members and/or legal wards and animals. I agree that I am responsible for my own financial loss in relation to the theft or damage of my/our tack, equipment, vehicles, trailers and horses while on Wickham Park premises. I/We 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

SIGNATURE OF MEMBER/PARENT/LEGAL GUARDIAN *DATE*

- Protective Headgear Warning:** I/We agree that I/We have been fully warned and advised by the 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/We 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 occurrence. **FLORIDA LAW REQUIRES A CHILD UNDER THE AGE OF 16 TO WEAR A HELMET THAT MEETS THE ABOVE STANDARDS WHILE (1) RIDING ON A PUBLIC ROADWAY OR RIGHT OF WAY AND/OR (2) WHILE RIDING ON A PUBLIC EQUESTRIAN TRAIL, PUBLIC RECREATION TRAIL, PUBLIC PARK, PUBLIC PRESERVE, OR PUBLIC SCHOOL SITE AND/OR (3) WHILE RIDING ON ANY OTHER PUBLICLY OWNED OR CONTROLLED PROPERTY.**

SIGNATURE OF MEMBER/PARENT/LEGAL GUARDIAN *DATE*

- WAIVER AND INDEMNITY:** The UNDERSIGNED Member or parent/legal guardian, hereby expressly agrees that participation in the Equine Activities 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 WICKHAM PARK EQUINE 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 WICKHAM PARK EQUINE 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, 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 WICKHAM PARK EQUINE 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 WICKHAM PARK EQUINE CLUB, INC. and which non-compliance was known by WICKHAM PARK EQUINE CLUB, INC. (4) for a latent dangerous condition on the property which was known or should have been known by WICKHAM PARK EQUINE CLUB, INC. and for which WICKHAM PARK EQUINE CLUB, INC. failed to reasonably warn of or repair pursuant to premises liability law.

SIGNATURE OF MEMBER/PARENT/LEGAL GUARDIAN *DATE*

**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/WE, 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 ABOVE MUST SIGN BELOW.**

SIGNATURE OF MEMBER/PARENT/LEGAL GUARDIAN *DATE*

PRINT NAME OF MEMBER/PARENT/LEGAL GUARDIAN

CLUB USE ONLY: Application _____ Application Fee _____ "Work-Free" Fee _____ Signed Waiver _____