

Suwannee River Riding Club, Inc.  
P.O. Box 826 Branford, FL 32008  
(386) 935-2622

Date \_\_\_\_\_  
Amt Paid \_\_\_\_\_  
Cash \_\_\_\_\_  
Check # \_\_\_\_\_  
Buy Out \_\_\_\_\_  
50/50 \_\_\_\_\_

**2020 Application for Membership**

Please use your age as of January 1<sup>st</sup> of the current year .

If you are 18 years of age or older you must have your own membership.

If person is 17 years of age or younger this application MUST be signed by a parent or guardian.

Membership CAN NOT be in the minor's name.

**PLEASE PRINT CLEARLY**

Name: \_\_\_\_\_ Class: \_\_\_\_\_  
Mailing Address \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone:( ) \_\_\_\_\_ Cell Phone:( ) \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Spouse's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Class: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Class: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Class: \_\_\_\_\_  
Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Class: \_\_\_\_\_

**Beginner – Child Must Be Led By Responsible Person On Foot Or May Ride Alone With Responsible Person In Arena**

**Pee Wee 7 & Under (Boys & Girls)  
Small Fry 8-10 (Boys & Girls)  
Juniors 11-13 (Boys & Girls)  
Seniors 14-18 (Girls Only)**

**Powder Puff 19-38 (Girls Only)  
Gracie Allen 39 & Up  
Men and Boys 14 & Up**

**\$50 Annual Membership Fees- Member**

**PLEASE READ AND INITIAL THE FOLLOWING RULES:**

- \_\_\_ 1. It is my/our understanding that for the continued progress of the Suwannee River Riding Club, I am/we are required to assist in such work necessary to operate and maintain the Club and its grounds/facility.
- \_\_\_ 2. I am/we are required to work with my/our team in the concession stand, announcer's stand, clean-up crew and/or arena.
- \_\_\_ 3. If I/we cannot attend, I/we understand that it is my/our responsibility to have someone assume my/our obligations. If I/we do not work, I/we understand that I/we will **forfeit** my/our points for the night.
- \_\_\_ 4. I/we certify that all horses I/we bring onto the premises will have a current negative coggins test.
- \_\_\_ 5. It is my/our understanding that I am/we are not promised/guaranteed a certain award for a certain place in a class, that all awards are based on the funds of the club and awards are the discretion of the Board of Directors as per SRRC's by-laws.
- \_\_\_ 6. I/we understand that I/we are required to sell 10 50/50 raffle tickets at \$5 each (Money due by May 2nd, 2020) in order to eligible for end of year prizes.
- \_\_\_ 7. I/we acknowledge that I/we have received a copy of the 2020 Membership Rules.

**HAVE READ AND UNDERSTOOD THE S.R.R.C. RULES AND REQUIREMENTS AND BY SIGNING THE APPLICATION, I AGREE TO UPHOLD THE SUWANNEE RIVER RIDING CLUB RULES AND BY-LAWS**

I/we acknowledge that all horseback-riding events that I/we participate in are considered contact sports for which I/we assume all liability for personal injuries, death and property damage that arises there from. Further I am/we are aware of the Equine Liability Law under Florida Statute 773.01: **Florida – Warning – Under Florida law, an equine 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.** And agree not to hold the Suwannee River Riding Club INC. and its owners, operators, members, officers, directors, and agents liable for any injury, death to my myself, others, or to my animals arising from either their negligence, my negligence or the negligent conduct of anyone causing me, my family members and/or my animals any injury, death or damages.

\_\_\_ **Initials, Individually and as Guardian on behalf of my family members.**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

