

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

2022 Application for Membership

Please use your age as of January 1st 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

Adult Name: _____ **DOB:** _____ **Age:** _____ **Class:** _____
Spouse's Name: _____ **DOB:** _____ **Age:** _____ **Class:** _____
Minor Name: _____ **DOB:** _____ **Age:** _____ **Class:** _____
Minor Name: _____ **DOB:** _____ **Age:** _____ **Class:** _____
Minor Name: _____ **DOB:** _____ **Age:** _____ **Class:** _____
Mailing Address _____ **City:** _____ **State:** _____ **Zip:** _____
Home Ph: () _____ **Cell Ph:**() _____ **Email:** _____

Beginner – Child Must Be Led by Responsible Person On Foot or May Ride Alone with Responsible Person in Arena

Peewee 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 Fee- Paid Cash / Ck #: _____ **Date:** _____

\$350 Membership Buy-out Fee- Paid Cash / Ck #: _____ **Date:** _____

Membership type:

_____ **Roping night** _____ **Speed event night** _____ **Youth Series Rodeo**

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.

Please list the family first 3 preference of work teams. 1 being first choice and 3 being last choice.

_____ roping arena _____ roping concession _____ roping cleanup crew
_____ speed events arena _____ speed events concession _____ speed event cleanup crew
_____ Jackpot/special events arena _____ Jackpot/special events concession _____ Jackpot/special events cleanup crew

- _____ 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 in order to eligible for end of year prizes.
- _____ 7. I/we acknowledge that I/we have received a copy of the 2022 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: _____