



Membership Form

Warning: Under Florida Law, an equine activity sponsor or equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risk of equine activities.

Rider Registration

Last Name: _____ First Name: _____

Email Address: _____ Phone: _____

Street Address _____ City/State/Zip _____

For Minors under 18: Parent Name _____ Parent Phone _____

I, the participant, parent or legal guardian of a participant, agree to protect, defend, reimburse, indemnify and hold Palm Beach County and Palm Beach Classic Horse Show, their agents, designees, employees, and elected officials free and harmless at all times from and against all claims, liabilities, losses, costs, fines, damages or causes of action of every kind and character, including attorney's fees and costs, whether at trial or appellate levels or otherwise, arising during, as a result of, or in connection with my participation in this program or from emergency medical care. I hereby assume the risk of participation in this program and agree to hold Palm Beach County, their agents, designees, employees, and elected officials free and harmless at all times from and against all claims, liability, expense, losses, costs, fines, damages, or causes of action of every kind and character, including attorney's fees and costs whether at trial or appellate levels or otherwise, due to their acts, errors, or omissions resulting in bodily injury, including death, or damage to me or my property incident to or in connection with my participation in this program.

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Participant Name (Printed) Date

Signature of Participant or Parent/Legal
Guardian of Minor Participants

Print Name/Age of Additional Participant

Print Name/Age of Additional Participant

All Memberships are \$25 per Family/Individual: CC#/Check/Cash # Riders _____