

SOUTH FLORIDA TRAIL RIDERS OF BROWARD COUNTY, INC.

MEMBERSHIP AGREEMENT AND RELEASE WAIVER

NEW MEMBERSHIP • RENEWAL • DUAL (SFTR DADE) •

(circle one)

One Year Membership (per household) •\$30.00

1/2 Year Membership (If joining January 1 - June 1; *New Members Only*) •\$20.00

30 Day Trial Membership. •\$10.00

Dual Membership (Discount, if you are a full member of the Dade SFTR) •\$20.00 (same for 1/2 yr. dual)

HOUSEHOLD is defined as immediate family members and/or one significant other residing at the same address.

Name _____ Spouse's
Name _____

Address _____ Email
Address _____

City _____ Fax

State _____ Zip _____ EMERGENCY
CONTACT _____

Home Phone _____ PHONE
NUMBER _____

I would like a paper newsletter _____ I would like an email newsletter _____

NAMES OF ALL MINOR PARTICIPANTS FOR WHOM I AM LEGALLY RESPONSIBLE:

1. _____ 3.

2. _____ 4.

PLEASE READ CAREFULLY BEFORE SIGNING.

THE SOUTH FLORIDA TRAIL RIDERS OF BROWARD COUNTY, INC. (SFTR) AND ITS BOARD OF DIRECTORS

DOES NOT GUARANTEE YOUR SAFETY.

(1) **Voluntary Participation** - The undersigned agree, for myself and/or on behalf of my child, spouse, or legal ward, that we are

voluntarily participating in activities sponsored by the South Florida Trail Riders of Broward County, Inc., (hereinafter SFTR of Broward

County, Inc.) and that I/we participate in these events at our own risk of injury or property damage as I/we may incur in relation to such

activities.

(2) Incident Costs Responsibility and Medical Insurance Disclosure - I agree that I/we will be responsible for any and all costs

incurred by us for injury or property damage I/we may incur and that I/we are covered by accident-medical insurance coverage now in

force.

Name of Accident-Medical Insurance Co.: _____ Policy Number: _____

(3) Personal Responsibility - I agree that I am responsible for the negligent acts of my family members, other members of my household,

and/or legal wards and animals. Liability insurance now in force under: (Check One)

Homeowner's Insurance Policy _____ *Tenant's Insurance Policy*

Separate Personal Liability Property _____ *Farm Owner's Policy* _____ *None*

(4) Personal Financial Losses - I agree that I am responsible for my own financial loss in relation to the theft or damage to my tack,

equipment, vehicles, trailers, and horses while participating in these events.

(5) Protective Headgear Warning - I agree that I am aware that SFTR of Broward County, Inc. recommends that I purchase and wear

protective headgear which meets or exceeds the quality standards of the 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 the wearer's head injuries and possibly prevent the wearer's death as the result of

a fall from a horse or other occurrences.

(6) Liability Release - I agree that I hereby, for myself, my family members, my heirs, administrators, personal representatives, and

assigns, do agree to hold harmless, release and discharge SFTR of Broward County, Inc., its officers, directors, representatives, assigns,

members, premises owners, affiliated organizations, insurers, and others acting on its behalf, from any and all claims demands,

causes of actions, and legal liability, whether the same be known or unknown, anticipated or unanticipated, while participating in or

attending any SFTR of Broward County, Inc. activity. I do further agree that I shall bring no claims, demands, legal actions and causes

of action, against SFTR of Broward County, Inc., and/or its officers, directors, representatives, assigns, members, premises owners,

affiliated organizations, insurer, or other acting on behalf of SFTR of Broward County, Inc., as stated above in this clause for any

economic or non-economic losses due to bodily injury, death, and/or property damage sustained by me and/or my minor child or legal

ward in relation to the operations of SFTR of Broward County, Inc., including, but not limited to, riding, handling, or otherwise being

near horses or other equine species.

(7) Zero Liability - 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.

STATEMENT OF AWARENESS: 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 LISTED ABOVE MUST SIGN BELOW:

**SIGNATURE OF PARTICIPANT AND/OR PARENT OR GUARDIAN #1 ABOVE LISTED MINORS
DATE**

**SIGNATURE OF SPOUSE PARTICIPANT AND/OR PARENT OR GUARDIAN #2 ABOVE LISTED
MINORS DATE**

Please mail to: South Florida Trail Riders of Broward County, P.O. Box 290332,
Davie, FL 33329

ARE YOU INTERESTED IN HELPING ON A COMMITTEE? • Yes • No If Yes, circle the appropriate box (es):

Trail Riding • Camping • Parades • Banquet • Newsletter • Membership • Phone Calling •