

2018-2019 PHA Membership Application

Membership types:

Family (1 vote/person) \$40.00 Individual/Trainer/Owner (1 vote) \$30.00

Day Pass \$20.00 Non-Showing/Schooling \$20.00

Please print

Drop off at show or send to: Ellie Scofield 5400 Pine Tree Rd. Parkland FL or
Spectrum Saddle Shop 6738 N. St. Rd 7, Coconut Creek FL 33073
Ellie@gallowaysfarm.com

Exhibitor: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Cell: _____ Emergency: _____

E-Mail: _____ required for all Notifications

Family Membership: Family Members must reside at the same resident. List members

Name: _____ DOB _____ Name _____ DOB _____

Name: _____ DOB _____ Name _____ DOB _____

Trainer: _____ Owner: _____ Barn: _____

Phone: _____ E-Mail: _____ REQUIRED

Parkland Horseman's Association (PHA) Release, Assumption of Risk & Indemnification

I, AGREE, in consideration for my participation in PHA to the following: I AGREE that PHA used herein includes the Licensee and Competition Manager, the City of Parkland, as well as all officials, directors, employees, agents, personnel, volunteers, and affiliates I AGREE that I chose to participate voluntarily in the Competition with my horse, as rider, handler, vaulter, driver, longeur, lessee, owner, agent, coach, trainer, or as parent or guardian of junior exhibitor. I am fully aware and acknowledge that horse sports and the Competition involved inherent dangerous risks of accident, loss, and serious bodily harm including broken bones, head injuries, trauma, pain, suffering, or death ("Harm"). I AGREE to hold harmless and release the PHA from any claims for money damages or otherwise for any Harm to me or my horse and for any Harm of any nature caused by me or my horse to others, even if the Harm arises or resulted, directly, or indirectly, from the negligence of the PHA. I AGREE to indemnify (that is, to pay any losses, damages, or costs incurred by) the PHA and to hold them harmless with respect to claims for Harm or my horse; and for claims made by others for Harm caused by my horse while at the Competition. I have read the PHA rules about protective equipment and I understand that I must wear protective equipment without penalty, and I acknowledge the PHA or guardian of a junior exhibitor, I consent to the child's participation and AGREE to all the above provisions and AGREE to assume all of the obligations of this Release on my child's behalf. I represent that I have the requisite training, coaching, and abilities to safely compete in this Competition. I AGREE if

I am injured at this Competition, the medical personnel treating my injuries may provide information on my injury and treatment to the PHA on official accident/injury forms. BY SIGNING BELOW, I AGREE to be bound by all applicable PHA rules and all terms and provisions of this entry blank and all terms and conditions of this Prize List.

Liability Signature/Parent/Guardian, Rider: _____ Date _____

Owner/Trainer Signature: _____ Date _____