

# 2020-2021 PHA Membership Application

## Membership Types:

Family (1 vote/person) \$50.00/ ~ Individual/Trainer/Owner (1 vote) \$35.00

Please print and fill out completely

Drop off at shows or mail to: Ellie Scofield

6738 N State Rd 7 (441) Coconut Creek, FL 33073

Exhibitor: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact Name & Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ *Required for all Notifications*

Family Membership (*Family Members must reside at the same residence*) Please list:

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

Trainer: \_\_\_\_\_

Trainer Name, Phone, Email (*required*): \_\_\_\_\_

Barn Name: \_\_\_\_\_

### **Parkland Horseman's Association (PHA) Release, Assumption of Risk and Indemnification.**

I Agree, in consideration for my participation in PHA to the following: I AGREE that PHA used herein includes the Licensee and the Competition Managers, the City of Parkland, as well as all officials, directors, agents, personnel, volunteers and affiliates. I AGREE that I chose to participate voluntarily in the Competition with my horse, as rider, handler, vaulter, driver, longueur, 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 PHA from any claims for money damages or otherwise or otherwise for any Harm to me or my horse and for any Harm of any nature cause by me or my horse to others, even if the Harm arises, 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 I must wear protective equipment without penalty, and I acknowledge the PHA or guardian of training, coaching obligations of this Release on my child's behalf. I represent that I have the requisite training 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 \_\_\_\_\_

For Office Use Only

Check Number: \_\_\_\_\_ Cash: \_\_\_\_\_