



PUNTA GORDA HORSEMAN'S ASSOCIATION  
 P.O. Box 511086 - Punta Gorda, Florida 33951  
 www.thepgha.com

# MEMBERSHIP APPLICATION 2020-2021

*Discipline:*  
 Hunter/Jumper  
 Speed  
 Performance

- \$65.00 - Family  
 \$45.00 - Individual (Showing)  
 \$5.00 - Individual (Non-Showing)  
 Check Box if 4H Member

*Office Use:*  
 \_\_\_\_\_ Membership  
 \_\_\_\_\_ Nomination  
 \_\_\_\_\_ Sponsor  
 \_\_\_\_\_ Classes  
 \_\_\_\_\_ Total

**\*4H Members Receive a \$20.00 Discount\***

Family/Parent Name: \_\_\_\_\_

Rider Name: \_\_\_\_\_ \*DOB: \_\_\_\_\_ Verified by: \_\_\_\_\_

Rider Name: \_\_\_\_\_ \*DOB: \_\_\_\_\_ Verified by: \_\_\_\_\_

Rider Name: \_\_\_\_\_ \*DOB: \_\_\_\_\_ Verified by: \_\_\_\_\_

Rider Name: \_\_\_\_\_ \*DOB: \_\_\_\_\_ Verified by: \_\_\_\_\_

*\*(if under 18 as of July 1<sup>st</sup>)*

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Family Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

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 risks of equine activities. Section 92: Nothing in this act shall be construed to limit in any way the limitations of liability granted to private citizens who allow the public to use their land for recreational purposes, as provided in s.375.251, FL Statutes. Section 93: Except as otherwise expressly provided in this act, this act shall take effect upon becoming a law. Became a law without the Governor's approval. May 5, 1993. Filed in the Office of Secretary of State, May 4, 1993.

In signing and submitting my entry, I hereby release the Punta Gorda Horseman's Association, Charlotte County, a Political subdivision of the State of Florida and all Officers, Agents, Employees, and Volunteers of the same from any claim or right for damages, which may occur to me or my horse or other property at this event. I take full responsibility for myself and/or my child if an incident should occur. It is understood by signing this entry.

**In signing this membership application, I fully understand the PGHA Rules & Regulations and Bylaws, and agree to work a minimum of 10 hours per show season per exhibitor to qualify for year-end awards. I also understand that PGHA liability Insurance does not cover Members for injury or loss at any PGHA sponsored events.**

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(Parent or Guardian if under 18 years of age)*

**Welcome to the Punta Gorda Horseman's Association!!**