Punta Gorda Horseman's Assoc.

PGHA

PARTNERS IN PROMOTING YOUTH DEVELOPMENT

P.O. Box 511086 , Punta Gorda, Florida 33951
www.ThePGHA.com

Membership Application

2026/2027
Show Season

Discipline:
- ☐ Hunter/Jumper
- ☐ Speed
- ☐ Performance
- ☐ Dressage

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

4H Members Receive a $20.00 Discount

Office Use:
_____Membership
_____Nomination
_____Sponsor
_____Classes
_____Total

Family/Parent Name: ***(Print clearly or type)***

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 1st)

Mailing Address: _____ City: _____

State: ____ Zip: _____ Daytime Phone: _____ Evening Phone: _____

Mobile Phone: _____ Email: _____

Emergency Contact: _____ Phone(s): _____

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 Statues. 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, show in at least 50% plus 1 (one) show/judge in each class of the riding discipline the member is competing in addition to other requirements and that I (we) are responsible to fulfill 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)