

Date \_\_\_\_\_  
Amount Paid \_\_\_\_\_  
Cash \_\_\_\_\_  
Check # \_\_\_\_\_  
Recipient Signature: \_\_\_\_\_

**Indian River Riding Club  
6250 37<sup>th</sup> St. Vero Beach, FL 32966**

**2021 Application for Membership  
11/15/20-8/15/21**

**Please use your age as of September 1<sup>st</sup> of the current year  
If you are 18 years of age or older you must have your own membership.  
If person is 17 years of age or younger this application MUST be signed by a parent or guardian.  
Membership CAN NOT be in the minor's name.**

**PLEASE PRINT CLEARLY**

PARENT/S NAME: \_\_\_\_\_ PARENT/S NAME: \_\_\_\_\_  
RIDER NAME: \_\_\_\_\_ DOB (As of Sep. 1<sup>st</sup>): \_\_\_\_\_ AGE: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELLPHONE: \_\_\_\_\_  
EMAIL ADDRESS: \_\_\_\_\_

**ADDITIONAL RIDERS \$10**

RIDER NAME: \_\_\_\_\_ DOB (As of Sep. 1<sup>st</sup>): \_\_\_\_\_ AGE: \_\_\_\_\_  
RIDER NAME: \_\_\_\_\_ DOB (As of Sep. 1<sup>st</sup>): \_\_\_\_\_ AGE: \_\_\_\_\_  
RIDER NAME: \_\_\_\_\_ DOB (As of Sep. 1<sup>st</sup>): \_\_\_\_\_ AGE: \_\_\_\_\_

**\$65 Annual Membership Fees- Member**

1. \_\_\_ It is my/our understanding that for the continued progress of the Indian River Riding Club, I am/we are required to assist in such work necessary to operate and maintain the Club and its grounds/facility.
2. \_\_\_ I am/we are required to work 10 volunteer hours each.
3. \_\_\_ I/we certify that all horses will have a current negative coggins test.
4. \_\_\_ I/we understand that a \$10 late fee will be applied signing up a half hour before the show, or less.
5. \_\_\_ I/we understand that all show times and dates are subject to change without notification.
6. \_\_\_ I/we allow the photographer and club to take picture and post them on social media.
7. \_\_\_ I/we understand that there is reserved parking for ANY/ALL events held on the grounds, I/we understand we will be asked to move and FINED \$25 for second warning.
8. \_\_\_ It is my/our understanding that we are not promised/guaranteed a certain award for a certain place in a class.
9. \_\_\_ I/we acknowledge that I/we have looked at the IRRRC membership rules on our website: [IndianRiverRidingClub.com](http://IndianRiverRidingClub.com)

**I HAVE READ AND UNDERSTOOD THE I.R.R.C. RULES AND REQUIREMENTS AND BY SIGNING THE APPLICATION, I AGREE TO UPHOLD THE INDIAN RIVER RIDING CLUB RULES \_\_\_\_\_**

I/we acknowledge that all horseback-riding events that I/we participate in are considered contact sports for which I/we assume all liability for personal injuries, death and property damage that arises there from. Further I am/we are aware of the Equine Liability Law under Florida Statute 773.01: **Florida – Warning – Under Florida law, an equine 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.** And agree not to hold the Indian River Riding Club INC. and its owners, operators, members, officers, directors, and agents liable for any injury, death to my myself, others, or to my animals arising from either their negligence, my negligence or the negligent conduct of anyone causing me, my family members and/or my animals any injury, death or damages.

\_\_\_\_ Initials, Individually and as Guardian on behalf of my family members.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_