

**CENTRAL FLORIDA HUNTER JUMPER ASSOCIATION, INC.
MEMBERSHIP APPLICATION**

Date of application: _____

****INFORMATION FOR DIRECTORY– PLEASE COMPLETE BEFORE TURNING INTO HORSE SHOW OFFICE**

YES _____ PLEASE LIST COMPLETE INFORMATION IN THE CFHJA DIRECTORY

NO _____ DON'T LIST IN CFHJA DIRECTORY, LIST NAME ONLY

Please note: CFHJA will not register any points which are earned during a show unless a member's dues have been paid before the closing of the show. Exception: If a member's dues are paid on or before January 1st, points earned during the prior December will be counted. Show year 12/1 – 11/30. Check website for monthly or more frequent updates... If you see an error in names or point totals, please notify the CFHJA points chairman within 60 days from ending date of the show in question, OR November 30th of that show year, whichever comes first. NOTIFICATION MUST BE IN WRITING. It is YOUR responsibility to verify YOUR own points routinely.

I hereby apply for membership for the show year _____ and enclose payment in the amount of \$ _____ for one of the following:

Senior/Annual: \$40 _____ Junior/Annual: \$40 _____ Senior/Life: \$200 _____ Junior/Life: \$200 _____
(Please check one of the above.) (All memberships are for one individual.)

**Name: _____ Barn Name: _____

**Address: _____ City: _____ State: _____ Zip: _____

**Birthday: _____ (Please list month, day & year.) ** Age as of 12/1: _____ (Required for points.)

**Tele: Home: _____ **Cell: _____ Fax: (Optional) _____ Work (Optional) _____

**e-mail: _____ ** Stable with: _____ **Trainer: _____

List horses/ponies, leased or owned, below.

1. _____ horse/pony/lease/own
 2. _____ horse/pony/lease/own
 3. _____ horse/pony/lease/own
- (Additional horses/ponies may be listed on the back.)

Release, Assumption of Risk, Waiver, and Indemnification

WARNING: Under Florida law, an equine activity 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. Florida Statute 773.02. Participating at a competition presented by the Central Florida Hunter Jumper Association, Inc. (CFHJA) located at the Florida State Fairgrounds, Bob Thomas Equestrian Center, in Tampa, Florida, or Fox Lea Farm in Venice, FL shall constitute an agreement and affirmation that all participants (which include, without limitation, the owner, parent, lessee, trainer, manager, agent, coach, driver, rider, handler and the horse) themselves, their principals, representatives, employees and agents: (1) shall be subject to the Constitution and Rules of the Associations and the local rules of the competition; (2) represent that every horse, rider, driver and handler is eligible as entered; (3) agree to be bound by the Rules of the CFHJA competition, and will accept as final the decision of the Horse Show on any question arising under said rules and agree to hold the competition, their officials, directors, and employees harmless for any action taken; (4) agree that they participate voluntarily in the competition fully aware that horse sports and the competition involve inherent dangerous risk of serious injury or death, and by participating they expressly assume any and all risk of death, and by participating they agree to indemnify and hold the competition and their officials, directors, employees and agents harmless from and against all claims including for any injury or loss suffered during or in connection with competition, whether or not such claim, injury or loss resulted, directly or indirectly, from the negligent acts or omissions of said officials, directors, employees or competition. I agree that Central Florida Hunter Jumper Association, Inc., the Florida State Fair Authority, Bob Thomas Equestrian Center, their officials and employees will not be held responsible for any accident or loss which may occur to an exhibitor, spectator, guest, rider, groom, attendant or other employee, animal or equipment at any CFHJA show. I further agree to repay CFHJA and the Florida State Fair Authority, on demand all damages it may sustain by reason of any claim or demand. CFHJA requires the wearing of protective equipment at all times while riding at a competition.

By signing below I further AGREE to be bound by all applicable association rules and all terms and provisions of this membership application.

Signature Required (Releaser): ** _____ **Title:** _____ **Date:** _____
(Owner, Parent/Guardian, Lessee, Trainer, Manager, Agent, Coach, Rider, Driver, Handler, – please circle one.)

**** Parent/Guardian Signature required for Minor member.**

Minor's name: _____ applying for membership.

(Office use only.) Check #: _____ Amt. Paid: _____ Date rec'd: _____

FOR POINTS TO COUNT FOR CFHJA YEAR END AWARDS
A SIGNED MEMBERSHIP APPLICATION MUST BE ON FILE WITH CFHJA.

**Mail to: CFHJA c/o Donna Kuhl • 8502 25th Street East, Parrish, FL 34219
727.560.5014 • krydonnw@gmail.com**