

UNION COUNTY RIDING CLUB  
P. O. Box 85, Lake Butler, Florida 32054-0085  
APPLICATION FOR FAMILY MEMBERSHIP

DATE: \_\_\_\_\_ AMOUNT PAID: \_\_\_\_\_

MEMBER'S NAME: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ CELL NUMBER: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

CHILDREN'S NAME: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

\_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

\_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

\_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

**LIST TWO PERSONAL REFERENCES (NOT RELATIVE OR SPONSOR)**

\_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_ ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

The initial fee of \$30.00 shall accompany the application.

- I understand that for the continued progress of the Club, I am required to attend the regular meetings and assist in such work necessary to operate and maintain the Club and its grounds.
- I understand I am required to work with my team in the concession stand, announcers stand and/or arena. If I cannot attend, I understand it is my responsibility to have someone assume my obligations.
- I certify that all horses I bring onto the premises will have a current negative coggins test.
- I understand that if I do not work, I will forfeit my points for the year and will be required to pay the \$100.00 membership fee.**

The undersigned, in consideration of being allowed to participate in games on ride nights do hereby agree to hold Union County Riding Club, Lake Butler, Florida harmless from any liability for injury to person or damage to property which may occur as a result of their participation in these activities.

Photographs are sometimes taken of Club activities for publicity and promotional purposes, which include, but are not limited to, in-house presentations, Club web sites, brochures and newsletters. By signing this area, you are releasing the Union County Riding Club to use photographs of those listed above.

Signature of Member \_\_\_\_\_ Date \_\_\_\_\_

I have read and understood the Club by-laws and requirements listed above, and by signing the application I agree to uphold the Union County Riding Club rules and By-Laws.

\_\_\_\_\_  
Applicants Signature

**ENTER AND RIDE AT YOUR OWN RISK**

**MEMBERS WILL BE REQUIRED TO WORK IN TEAMS. THERE ARE FIVE TEAMS THAT WILL BE RESPONSIBLE FOR WORKING TWO MONTHS EACH. THIS WILL INCLUDE ALL AREAS OF WORK (CONCESSION STAND, ARENA AND ANNOUNCER'S STAND). YOU WILL BE NOTIFIED OF THE TEAM YOU ARE PLACED ON BY YOU TEAM LEADER.**

**BY SIGNING THIS MEMBERSHIP I AM AWARE OF THE FOLLOWING**  
**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 RISK OF EQUINE ACTIVITIES.**

Union County Riding Club will be glad to accept checks from any member. If in the event the check is returned, Union County Riding Club will not accept another check from that person.

**For New Memberships**

As a club member in good standing, I recommend that the above applicant for membership.

\_\_\_\_\_  
Members Signature

DATE APPLICATION ACCEPTED \_\_\_\_\_ DATE APPROVED BY CLUB \_\_\_\_\_