

S. R. R. C. Branford, Inc.
P.O. Box 826 Branford, FL 32008
(386) 935-2622

2026 Application for Membership

Please use your age as of January 1st of the current year

If you are 18 years of age or older you must have your own membership.

If a 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

Adult Name: _____ **DOB:** _____ **Age:** _____ **Class:** _____
Spouse's Name: _____ **DOB:** _____ **Age:** _____ **Class:** _____
Minor Name: _____ **DOB:** _____ **Age:** _____ **Class:** _____
Minor Name: _____ **DOB:** _____ **Age:** _____ **Class:** _____
Minor Name: _____ **DOB:** _____ **Age:** _____ **Class:** _____
Mailing Address _____ **City:** _____ **State:** _____ **Zip:** _____
Home Ph: () _____ **Cell Ph:** () _____ **Email:** _____

Beginner – Child Must Be Led by Responsible Person on Foot or May Ride Alone with Responsible Person in Arena

Pee Wee 7 & Under (Boys & Girls) **Small Fry** 8-10 (Boys & Girls) **Juniors** 11-13 (Boys & Girls) **Seniors** 14-18
Powder Puff 19-38 (Girls Only) **Gracie Allen** 39 & Up **Men** 19 & Up **Time Only** 8+additional horse (Boys, Girls & Men)

\$75 Annual Membership Fee- **Paid Cash / Ck #:** _____ **Date:** _____

\$350 Membership Buy-out Fee- **Paid Cash / Ck #:** _____ **Date:** _____

Membership type:

_____ **Roping night**

_____ **Speed event night**

_____ **Youth Series Rodeo**

PLEASE READ AND INITIAL THE FOLLOWING RULES:

- ____ 1. It is my/our understanding that for the continued progress of the S.R.R.C. Branford, 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 check in with the Points Manager and work with my/our team in the concession stand, announcer's stand, clean-up crew and/or arena in order to receive my points for the night.
- ____ 3. If I/we cannot attend, I/we understand that it is my/our responsibility to have someone assume my/our obligations. If I/we do not work, I/we understand that I/we will **forfeit** my/our points for the night.
- ____ 4. I/we certify that all horses I/we bring onto the premises will have a current negative coggins test.
- ____ 5. It is my/our understanding that I am/we are not promised/guaranteed a certain award for a certain place in a class, that all awards are based on the funds of the club and awards are the discretion of the Board of Directors as per S.R.R.C. Branford's by-laws.
- ____ 6. You must ride or pay to ghost ride (pay entry fee without intent to ride) 75% of remaining season after membership is paid to be eligible for Year-End Awards unless changed by the Board of Directors at their sole discretion.
- ____ 7. I/we acknowledge that I/we have read the 2026 Membership Rules posted on the Website.

HAVE READ AND UNDERSTOOD THE S.R.R.C. Branford RULES AND REQUIREMENTS AND BY SIGNING THIS APPLICATION, I AGREE TO UPHOLD THE S.R.R.C. BRANFORD RULES AND BY-LAWS

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 S.R.R.C. Branford 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: _____

Suwannee River Riding Club Branford

2026 Liability Waiver Form

Participant's Adult Name: _____

Participant's Spouse's Name: _____

Participant's Minor Name: _____

Participant's Minor Name: _____

Participant's Minor Name: _____

I, the undersigned and/or my spouse, child or children understand that horseback riding activities, and just being around a horse, exposes the undersigned, his/her, child or children to risks and dangers. I/We fully understand and comprehend that horses and horseback riding by their nature are hazardous. I/We appreciate the opportunity to ride AS GUESTS at the S.R.R.C. Branford, Branford, Florida, and I/We knowingly accept all risks and hereby release and indemnify the S.R.R.C. Branford, it's Officers, Board of Directors, Members and properties from all liabilities, claims, causes of action, damages or any relief sought as a result, directly or indirectly, of injuries, accidents or death caused by on in connection with riding or participating in equine activities while on the grounds of the S.R.R.C. Branford. I/We understand that, by my/our signature, my/our relatives, heirs, successors and/or assigns do hereby forfeit rights to any and all liabilities, claims, causes of action, damages or relief sought as a result, directly or indirectly of injuries, accidents or death to my/our person(s) whatsoever while on the S.R.R.C. Branford grounds.

In the event of a medical emergency the S.R.R.C. Branford agrees to call the emergency contact if information is provided. In the event that the S.R.R.C. Branford cannot reach the emergency contact provided, the undersigned agrees to hold the S.R.R.C. Branford harmless for appropriate medical treatment. I/We consent to allow medical treatment for myself, my spouse, my child or my children in the case of an emergency.

I also acknowledge that, under Florida law, an equine activity sponsor or professional is not liable for any injury to or the death of a participant in equine activities resulting from the inherent risk of equine activities, pursuant to Chapter 773 of Title 04 of the Official Code of Florida Annotated.

The parties hereto have executed this Agreement this _____ day of _____ 2026

This waiver is good for the 2026 calendar year.

**Participant's Printed Name/ Spouse's Name
(or Parent/Guardian if a minor)**

**Participant's Signature
(or Parent/Guardian if a minor)**

If the participant is a minor then a parent or legal guardian must sign

Participant's Spouse Name

Participant's Spouse Signature

Emergency Contact _____

Phone _____