



P.O. Box 777 * Cantonment, FL. 32533
PHONE: 850-587-2754 FAX: 850-587-4302

MEMBERSHIP APPLICATION

Name _____
Address _____
City, State, _____
Zip _____
Phone _____ Alt. Phone _____
Email address _____

Is this a **new** membership or a membership **renewal** (already a member)?
 Individual - \$25.00 Joint - \$45.00

May we release the above information to other members of PER? _____

Confidentiality Statement: I understand that certain information pertaining to Panhandle Equine Rescue may be confidential in nature and that I am to use discretion in discussing policies, current cases and other related issues with non-PER members.

Liability Waiver: I, the undersigned, have read and understand the following: Warning, under Florida Statute 773.02, an equine activity sponsor or equine professional, or any other person, which shall include a corporation shall not be liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

Signature

Date

Signature of Joint Applicant

Date

Legal Guardian (if under 18 years of age)

Date