



Walsingham Horseman's Association, Inc.

Trail Use Fee Application

All Trail Fees are renewed annually

TYPE OF FEE – CHECK APPLICABLE BOX(ES):

- Single (One vote)\$125
- Family (Two votes)\$175
- Student* (No vote)\$50 + 10 Volunteer Hours

PAYMENT OPTIONS:

WHA Website: WHAhorse.org

Mailing Address:

WHA Membership
PO Box 3616
Seminole, FL 33775

GUEST PASS: A guest pass requires approval by the board of directors prior to access to the park. Once approved, guests must sign a WHA release of liability and pay a one-time \$10 trail fee (if riding). The guest must be accompanied when riding on the trail by a member at all times. Separate WHA form required. Send request to info@whahorse.org

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.

I agree to abide by the WHA/Pinellas County Park rules, as listed on the website, as well as the WHA brochure, and understand that my privileges as a member may be revoked if those rules are not followed. I do hereby, for myself, my heirs, executors and assigns, waive, release and forever discharge any and all rights and claims for damages which I may have or hereinafter accrue against The Walsingham Horseman's Assoc., it's officers, agents, etc., and Pinellas County, it's officers, agents, etc. for any damages which may be sustained by me, or my minor child(ren), in connection with my/our equestrian activities, no matter the location of said activities.

PLEASE PRINT

Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

Emergency Contact Name/ Cell Phone: _____

Email: _____ Relationship to Applicant: _____

FAMILY APPLICANTS PLEASE LIST FAMILY MEMBERS:

***Must wear a helmet (if under 18) while in the park.**

NAME	RELATIONSHIP TO APPLICANT	DATE OF BIRTH IF UNDER 18*

Horse's Barn Name: _____ Horse's Registered Name: _____

Boarding Facility Name (where your horse is kept): _____

Barn Address: _____ City: _____ State: _____ Zip: _____

Check if you **Lease** a horse. Check if you **Own** a horse.

Date of Coggins: _____ Date of last vet exam: _____

Is the horse Microchipped? No Yes Registration Number: _____

Legal Signature (if adult): _____ Date: _____

Or Parent/Guardian Signature: _____ Date: _____

Additional Legal Signature (if more than one adult incl. in Family Applicant): _____

WHA Office Use Only: Amt. Rec'd \$ _____ PayPal/Online Check (check no.) _____ Date _____

Key Given Key Mailed Date: _____ Added to system by/date: _____