



# Sand & Spur Riding Club

## Membership Information and Application

Sponsor Last Name

\_\_\_\_\_

Sponsor First Name

\_\_\_\_\_

Spouse First Name

\_\_\_\_\_

Dependent(s)

\_\_\_\_\_

Sponsor Member ID No. \_\_\_\_\_

Card Expiration Date \_\_\_\_\_

Spouse ID Card Exp. Date \_\_\_\_\_

Dependent(s) Card Exp. Date(s) \_\_\_\_\_

\_\_\_\_\_

Sponsor Rank/Grade

\_\_\_\_\_

Street Address

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Sponsor Status (Check One)

- AD Armed Forces
- Reserve Armed Forces
- Armed Forces Retired
- US DOD Civilian
- Other

Email Address (For Club correspondence):

\_\_\_\_\_

#1 Primary Contact Phone

\_\_\_\_\_

Horse Trailer License (State & Tag#)

\_\_\_\_\_

Organization/Unit

\_\_\_\_\_

#2 Alternate Phone

\_\_\_\_\_

Horse Name (Barn Name)	Breed	Color	Age	Height	Sex

Non-Horse Owning Member's POC Name \_\_\_\_\_

Stall Number \_\_\_\_\_

Guests (Liability Release on File)

### ***Important Information and Signatures required on next page***

- ***I understand that horseback riding is a high-risk activity, and that serious injury or death may result from my participation in such activities. I hereby release from liability the Sand & Spur Riding Club, its officers, agents, members, employees and the United States Air Force for liability, damages, injury, loss or illness to myself, my family and/or my horse(s). I further agree to indemnify and hold harmless the United States Air Force for any and all injuries, damages or losses, whether foreseen or unforeseen, direct or indirect, to persons, property or animals as a result of, or in any way connected with, my participation in any of the activities of the Sand & Spur Riding Club on Eglin AFB, Florida.***

My authorized dependents and myself will read and abide by the current Sand & Spur Riding Club (SSRC) Operating Instructions (OIs) as set forth by the SSRC.

- ***I understand that prior to unloading my horse(s), I must present a Health Certificate signed by a Licensed Veterinary Practitioner, and a negative Coggins (EIA), both must have an issue date of thirty (30) days or less, and proof of the following immunizations (must be administered by a licensed veterinary practitioner): Rabies, West Nile, Eastern/Western Equine Encephalitis, Tetanus, Equine Influenza, and Rhino pneumonitis, administered within the last year. EPM and Strangles vaccinations are strongly recommended, but not mandatory. As immunization requirements may change, it is strongly recommended that you check with the veterinary liaison council member on the current policy prior to transporting your horse(s) and to reserve quarantine dates. All horses must be de-wormed during the 14-day quarantine period. I am required to worm my horse(s) in the months of Jan/Apr/July/Oct, or if using a feed-through wormer, ivermectin worming must be performed at least every 6 months.***
- ***I also understand that the wait or stall assignment can be long, and situations may change. I have been made aware that upon acceptance of stall(s) assignment, I have 30 days to move my horse(s) and occupy the assigned barn at the SSRC stables (OIs).***
- ***I have been made aware that I have a maximum of 90 days to replace any horse that is sold, moved, or otherwise disposed of. The maximum time may be extended for extenuating circumstances upon written request to the Advisory Council (OIs). If my horse(s) is moved off base for any period of time, my horse may be required to undergo a period of quarantine upon returning to the stables.***
- ***I understand that all sponsor members are required to participate in Club workdays. Any sponsor family member or volunteer club member can fulfill the workday obligation provided he/she is at least 16 years old (OIs). I may be required to pay a \$50.00 assessment for an unexcused missed workday in addition to fulfilling four hours of work assigned by the roads and Grounds Chairperson (paraphrased OIs).***

- ***I understand that I must notify the SSRC Advisory Council upon any change in my status as this may affect my eligibility as referenced in the SSRC OIs, and that I must update my application annually, or as pertinent information on my application changes.***
- ***I have been made aware that should I choose to sponsor guests, I assume all responsibility and will not hold the SSRC or the US Government responsible for any injury, damage or loss sustained in any way to or by the guest. As a sponsoring member, I am responsible for ensuring a release of liability for each guest and myself, or an eligible dependent family member at least 16 years of age, will accompany the guest (paraphrased OIs).***

All members and family members over the age of 18 must read and sign this application. Parent/guardian signature is required for participants under the age of 18.

Printed Name	Signature	Date

For SSRC Membership Council Member Use Only: