



Benefits of Joining Gulf Coast DSDCTA

DSDCTA is a Group Membership Organization (GMO) of the United States Dressage Federation (USDF). DSDCTA has members across the majority of the Florida Panhandle and parts of South Alabama. The Gulf Coast Chapter covers Pensacola, Milton, Fairhope, Mobile, and the surrounding areas. By joining The Gulf Coast Chapter of DSDCTA as a supporting or junior member you enjoy all the benefits of a GMO, Chapter, and USDF through one membership process.

Some of the benefits of joining the Gulf Coast Chapter of DSDCTA include but not limited to:

- 10 issues of USDF Connection Complimentary
- USDF Member Guide
- Eligible to compete in the Chapter and GMO's year-end awards program.
- Eligible to compete at USDF licensed and recognized shows.
- Full access to USDFscores.com
- Gulf Coast Chapter membership year is December 1 through November 30 of the following year.

For Chapter information you can find us online at gulfcoastdsdcta.com, on Facebook at facebook.com/groups/gulfcoastdsdcta, or on Instagram @[@gulfcoastdsdcta](https://instagram.com/gulfcoastdsdcta)

For Deep South Dressage and Combined Training Association (DSDCTA) information visit Deepsouthdressage.com or on Facebook at facebook.com/DSDCTA

To Learn more about USDF Group Membership Organizations, please visit www.usdf.org/clubs/gmo/

Gulf Coast Chapter of DSDCTA's Membership Application

Memberships & Annual Dues

- \$40 Supporting Member - As a supporting member you will receive a USDF group membership. This is not a USDF participating membership. Your group membership includes a USDF GMO number, eligibility to compete in DSDCTA and Florabama year-end awards, and eligibility to vote.
- \$35 Additional family members – Each additional family members receive USDF GMO number, eligibility to compete for DSDCTA and Florabama year-end awards, and eligibility to vote.

Please Check Membership Type:

- Supporting (\$40.00)
 Additional Family (\$35.00 per additional family member)

Please check Status:

- Adult Amateur
 Junior DOB: ___/___/___
 Open
 Masters (50+ years old)

Membership Information:

Name _____

Address _____

City _____ State: _____ Zip _____

Phone # _____ Alt phone # _____

Email: _____

USDF #: _____ USEF # _____

For Family Memberships:

Name: _____ DOB: _____

Name: _____ DOB: _____

Name: _____ DOB: _____

Checks Payable to: DSDCTA – Gulf Coast Chapter
Mail to: 5519 Joggers Ln Pace, FL 3257

Gulf Coast Chapter and Deep South Dressage and Combined Training (DSDCTA)
COMPLETE RELEASE FROM LIABILITY IN CASE OF INJURY OR LOSS, WAIVER INDEMNITY AGREEMENT

I/we understand that horseback riding and related activities, such as dressage, eventing and jumping, are very dangerous and involved the risk of serious injury and/or death, and/or property damage, including injury and/or death to horses, spectators, and others. Accordingly, I/we agree that any activity engaged in, hosted by Gulf Coast Chapter Chapter and/or DSDCTA, on any premises related to horses, or horseback riding, is done at my own risk. Accordingly, I/we release and agree to hold harmless the hosting venue, the featured teacher/judge/trainer/clinician, and/or the Gulf Coast Chapter Chapter and/or Deep South Dressage and Combined Training along with its board of directors and employees, and any and all persons or entities who are guarantors or indemnitors of the above, all agents, employees, promoters, sponsors, other horse riders, horse owners, advertisers, sales persons, photographers, volunteers, (hereinafter called Releasees) from all liability for negligence or otherwise.

I/we assume full responsibility for the risk of bodily injury, illness, communicable disease, death of myself and/or my horse(s) and any property damage due to negligence of Releasees or otherwise while the premises hosting the event, along with its board of directors and employees or heavily engaged in horseback riding-related activities, and/or while training, riding, competing, officiating, observing, volunteering, teaching, boarding, working for, or for any purpose relating to horseback riding, dressage, eventing, jumping, or participating as rider or spectator in such activities. I/we agree not to sue any Releasees, and I/we release and agree to indemnify for the Releasees form and for all liability for the undersigned, his/her person, representatives, assignees, heirs, and demands therefore on account of injury to her person or property, or communicable disease, or death of undersigned whether caused by negligence of the Releasees or otherwise.

I/we have read and voluntarily signed the release and waiver of liability and indemnity agreement and further agree that no oral representations, statements, or inducements apart from the foregoing written agreements have been made no shall be made except by written and signed addendum

**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.

4. Miscellaneous. This document is intended to be as broad and inclusive as applicable state law permits. If any clause conflicts with applicable law, only that clause will be void but the remainder shall stay in full force and effect.

**I HAVE READ THIS ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY,
I UNDERSTAND THAT IT IS RELEASE OF CLAIMS AND THAT I AM ASSUMING RISKS INHERENT TO
MY PARTICIPATION, AND I AGREE TO BE FULLY BOUND BY ITS TERMS**

Signature of Participant Date

Print Name of Participant Date of Birth [if Participant is Under 18]

IF Participant IS UNDER 18 YEARS OF AGE:

Signature of Parent or Legally-Appointed Guardian Date

Print Name of Parent or Legally-Appointed Guardian

Full Address of Participant and Parent or Guardian Appointed by Law
(Revised form 1/07)