



Open Riding and Trail Permit Application
Jim Brandon Equestrian Center
Palm Beach County Parks and Recreation Department

All users are hereby advised that the Open Riding Area is an unsupervised recreational area. All users are further advised that the use of this facility is at their own risk.

Permits are valid for one year and renewable each January

Name Email Address
Address Cell Phone
City State Zip Code
Vehicle make, model and tag # Trailer make, color and tag #

Emergency Contact Information (include all phone numbers)

I, the permittee, in consideration for using Jim Brandon Equestrian Center, agree to protect, defend, reimburse, indemnify and hold Palm Beach County, its agents, designees, employees, and elected officials free and harmless at all times from and against all claims, liability, expenses, losses, costs, fines, damages or causes of action of every kind and character, including attorney's fees and costs, whether at trial or appellate levels or otherwise, arising during, as a result of, or in connection with my use of the facility described in this permit or from emergency medical care.

Under Florida law, an equine activity sponsor or equine professional is not liable for an injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities. FLA STATUTE 773

This application shall be governed by the laws of the State of Florida, and is intended to be interpreted as broadly as possible. I, the permittee, agree that exclusive jurisdiction and venue for any legal action against Palm Beach County, its agents, designees, employees and elected officials shall be in Palm Beach County. If any part of this application is determined to be unenforceable, all other parts shall remain in effect.

Signature of Participant

Date

FOR MINORS: must have a parent or guardian signature

I, the participant, parent or legal guardian of a participant, agree to protect, defend, reimburse, indemnify and hold Palm Beach County, its agents, designees, employees, and elected officials free and harmless at all times from and against all claims, liabilities, losses, costs, fines, damages or causes of action of every kind and character, including attorney's fees and costs, whether at trial or appellate levels or otherwise, arising during, as a result of, or in connection with my participation in this program or from emergency medical care.

Parent or Legal Guardian of Minor Participants Signature listed on back

Date

Office use Only

New Permit
Renewed Permit

Permit issued by
Permit Number

Open Riding Area: Minor Child Information

_____	_____
Minor Child Name	date of birth

_____	_____
Minor Child Name	date of birth

_____	_____
Minor Child Name	date of birth

_____	_____
Minor Child Name	date of birth

Open Riding Area: Horse Information

_____	_____
Name of horse	Coggins accession # and date reported
Date of last Flu/Rhino vaccination _____	vaccinations given by Vet or Owner? (circle one)

_____	_____
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