

LEE COUNTY POSSE

14701 PALM CREEK DRIVE, N FORT MYERS, FL 33917

2026 Annual Membership form – Lee County Posse Inc

Membership fee for the 2026 season (January 1, 2026 through December 31, 2026) for The Lee County Posse will be \$125.00 for a single and/or family membership. The family membership consists of 2 adult parents and all children under eighteen (18) that reside in the same residence. The single membership shall be for anyone (18) eighteen years of age and older.

Any paid member shall be entitled to use the arena during daylight hours and each night, as arena lights will be on a timer. Any person that utilizes the arena must be a paid member, including trainers and clients. Arena use will be allowed as long as it is not rented to another party/event.

Submission of this application and payment of dues does not guarantee acceptance or continuation of membership. Membership is subject to approval by Lee County Posse Inc. and may be suspended or terminated at any time by the Board of Directors in accordance with the By-Laws and organizational policies.

Membership in Lee County Posse Inc. does not confer any ownership, equity, or financial interest in the organization or its assets.

FAMILY MEMBERSHIP: _____ SINGLE MEMBERSHIP: _____

HOME ADDRESS: _____

Email Address: _____

Name	Age	Emergency Contact Number

___(initial) The undersigned understands and acknowledges that participation in equine activities, rodeo events, and handling or proximity to livestock, including but not limited to horses, cattle, bulls, steers, calves, and other animals, involves inherent risks that may result in serious bodily injury, permanent disability, paralysis, or death, as well as property damage. Such risks include, but are not limited to: unpredictable behavior, reactions, or movements of animals; Animal bites, kicks, trampling, bucking, rearing, charging, or falling; Collisions with animals, fencing, equipment, vehicles, or other persons; Uneven footing, arena conditions, gates, chutes, pens, and corrals; Equipment failure or misuse; and Acts or omissions of other participants or spectators. The undersigned voluntarily chooses to participate with full knowledge of these risks.

___(initial) The undersigned hereby releases, waives, discharges, and covenants not to sue LCP, its owners,

operators, members, officers, directors, employees, volunteers, agents, contractors, and affiliated entities from any and all claims, demands, causes of action, or liability arising out of or related to personal injury or death; property damage; or any loss sustained while participating in or being present at LCP.

____(*initial*) Pursuant to Florida law, the undersigned acknowledges that 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 inherent risks of equine activity. The undersigned further acknowledges that LCP is an equine activity sponsor under Florida law and the undersigned's participation falls within the scope of equine activities.

____(*initial*) The undersigned hereby acknowledges and understands that although protective headgear is not typically worn during rodeo events, he/she knowingly and voluntarily chooses whether or not to wear protective headgear while participating. If the undersigned chooses not to wear protective headgear, he/she expressly acknowledges that he/she is increasing their risk of serious head injury or death, and voluntarily assumes all risks associated with that decision. The undersigned agrees that LCP, its owners, operators, members, officers, directors, employees, volunteers, agents, contractors, and affiliated entities, shall not be liable for any injury, including head or brain injury, resulting from the undersigned's choice not to wear protective headgear.

____(*initial*) I voluntarily and expressly assume all risks, known and unknown, foreseeable and unforeseeable, associated with participation in equine activities and livestock handling at LCP.

____(*initial*) By submitting this Membership Application, the undersigned acknowledges that membership in Lee County Posse Inc. is governed by the corporation's Articles of Incorporation, By-Laws, rules, policies, and procedures, as adopted and amended from time to time by the Board of Directors. The undersigned agrees to comply with all such governing documents as a condition of membership.

____(*initial*) The undersigned acknowledges and understands that Members of Lee County Posse Inc. have limited voting rights. Members are entitled to vote only in the election of Directors and Officers, as provided in the By-Laws, and do not have the right to vote on operational, financial, disciplinary, or day-to-day management matters.

Member Signature
Print Name: _____

Date

Parent/Guardian Signature if Member is a minor
Print Guardian Name: _____
Print Minor Name: _____

Date

Mail completed form with payment to:
Lee County Posse Inc.
17401 Palm Creek Drive
N. Fort Myers, FL 33917