

Parks & Recreation

1769 E. Moody Blvd Bldg 5
Bunnell, FL 32110



www.flaglercounty.gov

Phone: (386)313-4020

Fax: (386)313-4120

parkreservation@flaglercounty.gov

BEACH EQUESTRIAN PERMIT APPLICATION

NAME		BIRTHDATE (MM/DD/YY)	
MAILING ADDRESS		CITY, STATE, ZIP CODE	
EMAIL ADDRESS		PHONE	
PERMIT SOUGHT (Check One)			
<input type="checkbox"/> Guide Permit	<input type="checkbox"/> Rider Permit	<input type="checkbox"/> Day Permit	

APPLICATION CHECKLIST

For all applicants:

- _____ Copy of valid, government issued identification.
- _____ Copy of current Coggins Test papers.
- _____ Beach Equestrian Permit Agreement (on following page).

Additional requirements for Beach Equestrian Guide applicants:

- _____ Copy of Business Tax Receipt.
- _____ Copy of Commercial General Liability Insurance.

FOR OFFICIAL USE ONLY			
Coggins Test Papers Expire:		Approval Date:	
Permit Expires:		Approved By:	
Permit Number(s):			

BEACH EQUESTRIAN PERMIT AGREEMENT

I agree to abide by the following rules while horseback riding on designated Flagler County beaches. (Initial each.)

- _____ 1. Riders must carry a permit, current Coggins Test papers, and government issued identification at all times while on the beach.
- _____ 2. Use designated beach access points at MalaCompra Road and Jungle Hut Road only. Stay off of dunes and away from vegetation at all times.
- _____ 3. Park trailers in designated parking spaces only.
- _____ 4. Do not discard animal waste in public garbage receptacles.
- _____ 5. Horses must be thoroughly controlled, broken, and restrained. Horses must be ridden with due care and diligence and shall not be allowed to graze or go unattended.
- _____ 6. I have received and read a copy of Flagler County Ordinance Section 7-4. I understand the ordinance and acknowledge that a failure to adhere to the ordinance could subject me to civil citation.

I understand that horseback riding is an inherently dangerous activity, and I hereby release, indemnify, and hold harmless the Flagler County Board of County Commissioners, its officers and employees, with respect to any and all claims due to injury, death, or property damage as a result of horseback riding and related activities authorized as a result of this permit application, whether caused by the fault of myself or a third party.

Signature

Date

Print Name

STATE OF FLORIDA)
COUNTY OF FLAGLER)

(STAMP)

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____ who has produced _____ identification.

NOTARY PUBLIC