

**MEMBERSHIP APPLICATION  
ALTOONA TRAIL RIDERS, INC.**

P.O. BOX 1225  
Altoona, FL 32702

**Karen Pando, President  
Darlene Applebee, Treasurer**

ANNUAL MEMBERSHIP DUES: SINGLE \$20.00 \_\_\_\_\_ FAMILY \$30.00 \_\_\_\_\_

NEW MEMBER: DATE \_\_\_\_\_ RENEWAL: DATE: \_\_\_\_\_

FAMILY MEMBERSHIPS: Children 18YRS OR OLDER MUST HAVE THEIR OWN MEMBERSHIP.

**\*PLEASE PRINT CLEARLY\***

NAME(S): \_\_\_\_\_

CHILDREN: NAMES AND AGES: \_\_\_\_\_  
(please use the back of application if more space is needed.)

ADDRESS: \_\_\_\_\_

STATE & ZIP: \_\_\_\_\_

PREFERRED PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ @ \_\_\_\_\_

**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT:**

Under Florida law, an equine activity sponsor or equine professional is not liable for any injury to, or the death of, a participant in equine activities resulting from the inherent risk of equine activities. I understand that I (and any minors I may have in my care) participate in or observe any activities at my own risk and will not hold Altoona Trail Riders, Inc., its officers, directors, members or land owners responsible for damages, injuries, or losses that might occur.

I HAVE READ AND AGREE TO ABIDE BY THE ABOVE AGREEMENT.

**ALL ADULT MEMBERS ARE REQUIRED TO SIGN THIS APPLICATION.**

\_\_\_\_\_  
Date: \_\_\_\_\_

\_\_\_\_\_  
Date: \_\_\_\_\_