

MEMBERSHIP APPLICATION
ALTOONA TRAIL RIDERS, INC.
PO Box 1225
Altoona, FL 32702
www.altoonatrailridersinc.com
altoonariders@gmail.com

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

NEW MEMBER: DATE: _____ RENEWAL DATE: _____

****PLEASE PRINT CLEARLY****

NAME _____ NAME _____

CHILDREN NAMES AND AGES :

1) _____ 2) _____ 3) _____ 4) _____

ADDRESS: _____

CITY, STATE & ZIP: _____

PREFERRED PHONE NUMBER: _____

EMAIL ADDRESS: _____

PLEASE INITIAL: Received copy of bylaws _____

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 (Florida Statutes 773.01-773.05) 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, it's officers, directors, members or land owners responsible for damages, injuries or losses that might occur. I will abide to club safety rules and give consideration to my fellow club members.

Florida State Law: Children 16 years of age and under must wear approved safety helmet.

I HAVE READ AND AGREE TO ABIDE BY THE ABOVE AGREEMENT

ALL ADULT MEMBERS ARE REQUIRED TO SIGN THIS APPLICATION:

SIGNATURE OF APPLICANT: _____ DATE: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

PAYMENT TYPE : CASH _____ CHECK # _____ ZELLE _____

RECEIVED BY: _____ DATE: _____

(rev. 08/2024)