

MEMBERSHIP APPLICATION

ALTOONA TRAIL RIDERS, INC.
P. O. BOX 1225
Altoona, FL 32702

Contact: President - Sue Rogers (352) 669-1048, roo@mpinet.net
V.P. – Michelle McWilliams (352) 669-6870, markmichellworks@aol.com

Circle one: NEW RENEWAL

Name: _____ Date: _____

Mailing Address: _____

County/City/State & Zip: _____

Phone: Home: _____ Work: _____

Cell: _____ Email: _____

Please write legibly

For Family Memberships**, list First & Last name of all family members, including DOB* for all children: _____

Use reverse side of paper if more room is needed.

Number of Horses in Family/Breeds: _____

Preferred Equine Activities: _____

Other Equestrian Membership and Activities: _____

ANNUAL MEMBERSHIP DUES: (Dues shall be payable each year on the anniversary of the membership application)
SINGLE \$15.00 FAMILY** \$25.00

**Immediate Family shall consist of married persons and their legal dependents (under 18) living at the same residence.

I/we understand that horseback riding and related activities are very dangerous and involve the risk of serious injury and/or death, and/or property damage, including injury to horses, spectators and others. Accordingly, I/we agree that any activity engaged by me, while participating in activities with the Altoona Trail Riders, Inc. will be done at my own risk.

Accordingly, I/we release and agree to hold harmless the Altoona Trail Riders, Inc., the lessees, its officers and directors and the owner of the property and any and all persons or entities who are guarantors or indemnitors of the above, all agents, employees and promoters, sponsors other riders, horse owners, advertisers, sales personas, photographers, volunteers, (herein after called "Releasees") from all liability for negligence or otherwise.

I/we assume full responsibility of the risk of bodily injury, illness, death of myself and/or my horse(s) and any other property damage due to the negligence of Releasees or otherwise while on premises, or heavily engaged in horseback riding related activities, and/or while training, riding, competing, officiating, observing, teaching working for or for any purpose related to horseback riding, eventing or participating as a rider or spectator in such activities.

I/we agree not to sue any Releasee, and I/we release and agree to indemnify Releasees from and for all liability for the undersigned, his/her person, and any claim or demands therefore on account of injury to the person, or property or death of undersigned whether caused by negligence of the Releasees or otherwise.

I/we agree that this Release, Waiver and Indemnity Agreement is intended to be as broad and inclusive as is permitted by the law of this state where these activities are conducted, and if any part hereof is held invalid, it is agreed that the balance shall continue in full force and effect.

I/we have read and voluntarily signed the Release and Waiver of Liability and Indemnity Agreement, and further agree that no oral representations, statement or inducements, apart from the foregoing written agreements have been made nor shall be made except by a written and signed Addendum.

I HAVE READ THIS ENTIRE RELEASE AND AGREE TO ABIDE BY THE TERMS HEREIN.

If family membership, all adult members please sign below: (under 18 riders, Parent/Guardian must sign)

DATE: _____

*Effective October 1, 2009, all children under the age of 16 are required to wear a helmet meeting the standards of the American Society of Testing and Materials (ASTM) when riding horseback on: A public roadway or right-of-way; A public equestrian trail, recreational trail, park or preserve, school site; or Publicly Owned or controlled property. Form Revised May 2010