



**Triple B Riding Club**  
**P.O. Box 6313**  
**Brandon, Florida 33508**

## Membership Application

New       Renewal

**This form must accompany your cash or check and you must sign the Hold Harmless Release form on the back of this document to activate your Club membership activity. Make checks payable to: Triple B Riding Club Thank you!**

New members who join after October 1st will have their membership carry over to the following year. (All other memberships expire on December 31st of the application year). In order to avoid a late charge of \$5.00 you must pay your renewal membership dues by February 28<sup>th</sup> of the new year. Should you have any questions about your membership, please contact an Officer.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_

Email Address: \_\_\_\_\_ Number of Horses owned: \_\_\_\_\_

Preference for receiving Newsletter: Paper copy by US Postal Mail  Email

Would you like to have your name, phone, and e-mail published on our Club's membership roster to share with your fellow Triple B Club members?  Yes  No

**Please select one of the following membership options by placing a check in the appropriate box.**

**FAMILY MEMBERSHIP: \$35.00 per year-includes 2 Adults and children (under 18 years of age)**  
 Family Member Names: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**SINGLE MEMBERSHIP: \$17.50 PER YEAR**

**LIFE TIME MEMBERSHIP: \$250.00 (SINGLE)**  
**\$500.00 (FAMILY) includes immediate family members under 18**

Horse & Pony Subscription may be purchased for \$10.00 per year until February 28<sup>th</sup> of each new year.



**Triple B Riding Club**  
**P.O. Box 6313**  
**Brandon, Florida 33508**

## **Hold Harmless Release Form**

**Member**    **Guest**

### **WARNING**

Under Florida law, 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 the inherent risks of equine activities.

Title XLV Chapter 773, Florida Statutes

Name: (Please print) \_\_\_\_\_ Signature: \_\_\_\_\_

Name: (Please print) \_\_\_\_\_ Signature: \_\_\_\_\_

List all children under 18:

\_\_\_\_\_

Signature of Parent or Guardian

Children under 18: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

### **Members & Guest, please fill out the following additional information:**

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ State: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ Cell: (    ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Event Location: \_\_\_\_\_ Date: \_\_\_\_\_