



Equine Rescue and Rehabilitation Ranch, Inc.

D/B/A Triple R Horse Rescue

P.O. Box 494

Tallahassee, Fl. 32302

(850)219-1497

MEMBERSHIP APPLICATION

Name _____ FAX _____

Address _____ E-mail _____

City, ST, Zip _____ Date of Birth _____

Home Phone _____ Heard about us from _____

Work/Cell Phone _____

Type of Membership: NEW _____ RENEWAL _____ (Memberships are non-refundable)

Individual-\$25 _____ Family-\$75 _____ Lifetime-\$1000 _____ Lifetime Family-\$1500 _____

Youth (under 18 with parental consent)-\$15 _____

Please indicate any area of interest, and we will send you the appropriate information:

Fostering _____ Adopting _____ Trailering _____ Training _____ Volunteering _____

Grooming/Hands-on Time _____ Other (promotions, fundraising, events, etc.) _____

Liability Waiver: I, the undersigned, have read and understand the following: **Warning:** *Except as provided in s. 773.03, an equine activity sponsor, an equine professional, or any other person, which shall include a corporation or partnership, shall not be liable for an injury to or the death of a participant resulting from the inherent risks of equine activities and, except as provided in s. 773.03, no participant nor any participant's representative shall have any claim against or recover from any equine activity sponsor, equine professional, or any other person for injury, loss, damage, or death of the participant resulting from any of the inherent risks of equine activities.*

If this is a family membership, I understand that the statement above applies to all family members.

Signature

Date

Parent/Legal Guardian Signature (if under 18)

Date