



FORMERLY:
THE NEW SANGAMON COUNTY TRAIL RIDERS, INC.
ESTABLISHED 1990
RENAMED PRAIRIE TRAIL RIDERS, INC. 1996
RENAMED PRAIRIE TRAIL RIDERS CLUB 2019

Membership Application 2024

Mail to: Prairie Trail Riders, 735 E 2100 North Rd. Edinburg, IL 62531

I understand that by being a member of the **Prairie Trail Riders Club**, I will be representing the Club on each outing that I attend. I will be responsible for myself and the people in my party.

Prairie Trail Riders Club will **NOT** be responsible for accidents.

Please check: _____ \$15.00 Single Membership _____ Free Membership
_____ \$25.00 Family Membership _____ Honorary Membership

DATE: _____

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE: Home: _____

Cell: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT: _____

Please list all members and their birthdays

NAME

BIRTHDAY

**Prairie Trail Riders Club Release, Waiver, Hold Harmless and Indemnification
("Agreement")**

I, _____, as a rider, auditor, spectator, groom, volunteer, sponsor, trainer or other attendee of this event, ("Participant" or "I"), on my behalf, (or if as the Parent/Legal Guardian of a minor Participant, on my own behalf and behalf of the minor Participant), understand, accept and assume the risks of engaging in equine activities including, (i) the propensity of an equine to behave in dangerous ways that may result in injury to the Participant, (ii) the inability to predict an equine's reaction to sound, movements, objects, persons, or animals and, (iii) the hazards of surface or subsurface conditions. I agree at all times to be responsible for my personal safety, remain financially responsible for my medical expenses, and waive my right to any claim against **Prairie Trail Riders Club**, auditors, volunteers, Directors, Officers, Board Members, Committees, the Illinois Department of Natural Resources, owners of property and their employees upon which the events are taking place, or other members (collectively "**Prairie Trail Riders Club**"), arising from my participation in, or observation of this equine activity. I agree for myself, my heirs and personal representatives, hereby defend, hold harmless, and indemnify, release and forever discharge **Prairie Trail Riders Club** for any illness, injury, death, damage, cost, or other loss incurred whether by a dangerous latent condition, negligence or otherwise.

<p>WARNING UNDER THE 1995 ILLINOIS EQUINE ACTIVITY LIABILITY ACT(Public Works Act 89-0111), EACH PARTICIPANT WHO ENGAGES IN AN EQUINE ACTIVITY EXPRESSLY ASSUMES THE RISKS OF ENGAGING IN AND LEGAL RESPONSIBILITY FOR INJURY, LOSS, OR DAMAGE TO PERSON OR PROPERTY RESULTING FROM THE RISK OF EQUINE ACTIVITIES.</p>
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By signing below, I certify that I have read this entire Agreement, acknowledge that the proper Warning Sign has been posted, and understand, agree and intend to be bound by all of the terms and conditions contained in this "**Prairie Trail Riders Club Release, Waiver, Hold Harmless and Indemnification Agreement**".

Date: _____ **Signature:** _____

PHOTO PERMISSION: Please check one.

I _____ give _____ **DO NOT** give my permission to allow photographs to be taken during equine activities. I agree/ disagree to allow photographs to be published in Prairie Trail Riders Club newsletter, website, Facebook Group or articles released to news media and to allow the use of full name.

The membership list is intended for use by Club members only. Due to confidentiality, please do not share this with anyone for any reason or personal gain. If the list is used for other than its intended purpose termination of club membership may result.

_____ **Check here if you DO NOT want contact information shared with Club members**

Newsletter will be available on the website.
Notifications(s) via the Yahoo group mail, U.S. Mail only for certain circumstances

Website address: <http://www.prairietrailriders.com>

Prairie Trail Riders Club

Release of Liability for a Minor Child under 18 years of age to participate in Prairie Trail Riders Club trail ride activities.

NAME OF MINOR CHILD/CHILDREN PARTICIPANT(S): _____

I, the undersigned, understand my minor child/children will be participating in trail riding events scheduled by **Prairie Trail Riders Club**. In consideration of **Prairie Trail Riders Club** permitting my child's/children's participation in these trail riding events, I, as parent or legal guardian, in full recognition of appreciation of any and all risks, hazards or dangers inherent in horseback riding which my child may be exposed to do hereby acknowledge that I fully understand the risks involved and that I agree to assume all of the risks and responsibilities surrounding participation in this activity.

I understand that **Prairie Trail Riders Club**, its Officers, Directors, Trail Ride Committee, and members assume and accept no liability for personal injury or loss of life or damage to personal property. Further, I do for myself, my heirs and personal representatives, hereby defend, hold harmless and indemnify, release and forever discharge **Prairie Trail Riders Club**, its Officers, Director, Trail Ride Committee, and members during the period of participation as aforesaid. I understand that my child's/children's participation in **Prairie Trail Riders Club** trail riding events is voluntary.

WARNING
UNDER THE 1995 ILLINOIS EQUINE ACTIVITY LIABILITY ACT (Public Works Act 89-0111), EACH PARTICIPANT WHO ENGAGES IN AN EQUINE ACTIVITY EXPRESSLY ASSUMES THE RISKS OF ENGAGING IN AND LEGAL RESPONSIBILITY FOR INJURY, LOSS, OR DAMAGE TO PERSON OR PROPERTY RESULTING FROM THE RISK OF EQUINE ACTIVITIES.

PHOTO PERMISSION: Please check one and sign below.

I _____ give _____ **DO NOT** give my permission and/or consent for CHILD/CHILDREN named above to allow photographs to be taken during equine activities. I agree/disagree to allow photographs to be published in Prairie Trail Riders Club newsletter, website, Facebook Group or articles released to news media and to allow the use of full name.

Parent or Legal Guardian must sign below.

I have caused this release to be signed this _____ day of _____, 20_____

SIGNATURE OF PARENT/LEGAL GUARDIAN

PRINT NAME OF PARENT/LEGAL GUARDIAN