

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

Membership Application 2022

Mail to: Prairie Trail Riders, 735 E 2100 North Road, 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 F	Riders Club will NOT be responsible	e for accidents.
Please check	:: \$15 Single Membership	Free Membership
	\$25 Family Membership	D Honorary Membership
DATE:		_
NAME:		
ADDRESS: _		
CITY, STATE,	ZIP CODE:	
PHONE:	Home:	
	Cell:	
EMAIL ADDR	RESS:	
EMERGENCY	Y CONTACT:	
	Please list all n	nembers and their birthdays
NAME		BIRTHDAY

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

I,	n my behalf, (or if as the Parent cicipant), understand, accept and equine to behave in dangerous vection to sound, movements object all times to be responsible for my right to any claim against Pr ecess, the Illinois Department of the taking place, or other member ration of this equine activity. I a indemnify, release and forever	d assume the risks of engaging is ways that may result in injury to cts, persons, or animals and, (iii) my personal safety, remain final rairie Trail Riders Club, auditor Natural Resources, owners of pers (collectively "Prairie Trail I agree for myself, my heirs and pudischarge Prairie Trail Riders	ticipant, on my own in equine activities the Participant, (ii) the i) the hazards of surface ancially responsible for ors, volunteers, Directors, property and their Riders Club"), arising personal representatives, Club for any illness,
By signing below, I certify that I has posted, and understand, agree and Riders Club Release, Waiver, Ho	intend to be bound by all of the	terms and conditions contained	
EACH PARTICIPANT WHO F ENGAGING IN AND	IO ENGAGES IN AN EQU LEGAL RESPONSIBILIT	IG LIABILITY ACT(Public Wo UINE EXPRESSLY ASSU TY FOR INJURY, LOSS, O E RISK OF EQUINE ACTIV	MES THE RISKS OR DAMAGE TO
Date:	Signature:		
		e. Due to confidentiality, please other than its intended purpose versult.	
Check here if you DO NO	OT want contact information sha	ared with Club members	

Newsletter will be available on the website. Notification(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 PARTICIPANT:	
I, the undersigned, understand my minor child will be participating in trail riding events sched Trail Riders Club. In consideration of Prairie Trail Riders Club permitting my child's part trail riding event, I, as parent or legal guardian, in full recognition of appreciation of any and or dangers inherent in horseback riding which my child may be exposed to do hereby acknow understand the risks involved and that I agree to assume all of the risks and responsibilities su participation in this activity.	ticipation in these all risks, hazards ledge that I fully
I understand that Prairie Trail Riders Club , its Officers, Directors, Trail Ride Committee, an assume and accept no liability for personal injury or loss of life or damage to personal propert for myself, my heirs and personal representatives, hereby defend, hold harmless and indemnif forever discharge Prairie Trail Riders Club , its Officers, Director, Trail Ride Committee, and the period of participation as aforesaid. I understand that my child's participation in Prairie Trail riding events is voluntary.	ty. Further, I do Ty, release and d members during
WARNING UNDER THE 1995 ILLINOIS EQUINE ACTIVITY LIABILITY ACT (Public Works Act 89-0111), EACH PARTICIPANT WHO ENGAGES IN AN EQUI ACTIVITY EXPRESSLY ASSUMES THE RISKS OF ENGAGING IN AND LEGAL RESPONSIBILITY FOR INJURY, LOSS, OR DAMAGE TO PERSOR PROPERTY RESULTING FROM THE RISK OF EQUINE ACTIVITIES	SON
Parent or Legal Guardian must sign below:	
I have caused this release to be signed this day of	
SIGNATURE OF PARENT/LEGAL GUARDIAN	
PRINT NAME OF PARENT/LEGAL GUARDIAN	
I give my permission and/or consent for (child's name) photographs to be taken during equine activities. I agree to allow photographs to be published Riders Club newsletter, website or articles released to news media and to allow the use of full	
Signed (Parent/Legal Guardian for minor Child)	