



FORMERLY
THE NEW SANGAMON COUNTY
TRAIL RIDERS, INC.
ESTABLISHED 1990

Membership Application 2016

Mail to: Prairie Trail Riders, 3012 S. Lincoln Ave, Springfield, IL 62704

I understand that by being a member of **Prairie Trail Riders, Inc.**, 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 will **NOT** be responsible for accidents

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

DATE _____

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE home _____

cell _____

E-MAIL ADDRESS _____

Emergency Contact _____

Please list all members and their birthdays

NAME

BIRTHDAY

Prairie Trail Riders, Inc. 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 on 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, Inc., auditors, volunteers, directors, officers, board members, committee, 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, Inc."), 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, Inc. for any illness, injury, death, damage, cost, or other loss incurred whether by a dangerous latent condition, negligence or otherwise.

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, Inc. Waiver, Hold Harmless and Indemnification Agreement.

Date: _____ Signature: _____

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.

I give my permission and/or consent for child name _____ to allow photographs to be taken during equine activities. Allow photographs to be published in Prairie Trail Riders, Inc. newsletter, website or articles released to news media and to allow the use of full name.

Signed (parent/guardian for minor child) _____

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.

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, Inc. of Central Illinois

Release of Liability for a Minor Child under 18 years of age to Participate in Prairie Trail Riders, Inc. Trail Ride Activities.

For the following date(s): _____

NAME OF
PARTICIPANT: _____

I, the undersigned, understand my minor child will be participating in trail riding events scheduled by Prairie Trail Riders, Inc. In consideration of Prairie Trail Riders, Inc. permitting my child's participation in these trail riding events, I, as parent or legal guardian, in full recognition and 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, Inc., 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, Inc., its Officers, Director, Trail Ride Committee, and members from and against any and all claims, demands and actions or causes of action on account of or resulting from my child's participation which may result from causes beyond the control of, and without the fault or negligence of, Prairie Trail Riders, Inc., its Officers, Directors, Trail Ride Committee, and members during the period of participation as aforesaid. I understand that my child's participation in Prairie Trail Riders, Inc. trail riding events is voluntary.

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Parent or Legal Guardian must sign..

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

SIGNATURE OF PARENT/LEGAL GUARDIAN

PRINTED NAME OF PARENT/LEGAL GUARDIAN

