

**POTOMAC BRIDLE & HIKING TRAILS ASSOCIATION
(PBHTA)**

A Non-Profit 501 (C)(3) Organization

P.O. Box 60354

Potomac, Maryland 20859-0354

MEMBERSHIP APPLICATION / RENEWAL

New _____ Renewal _____

THE POTOMAC BRIDLE & HIKING TRAILS ASSOCIATION (PBHTA) IS A NON-PROFIT ORGANIZATION DEDICATED TO PRESERVING AND DEVELOPING TRAILS IN POTOMAC, MARYLAND AND THE SURROUNDING REGION FOR HIKERS AND HORSEBACK RIDERS.

PLEASE PRINT !

ANNUAL DUES _____ \$35 (INDIVIDUAL) I WISH TO RECEIVE UPDATES BY ___UPSP ___EMAIL
DONATION _____ \$50 (FAMILY)

NAME _____
(FIRST) (LAST)

HOME PHONE _____

CELL _____

ADDRESS _____
(STREET)

E-MAIL _____

(CITY) (STATE, ZIP)

LOCATION OF STABLE

**YOUR MEMBERSHIP IS COMPLETED WITH YOUR SIGNATURE AND DATE
ON THE LIABILITY RELEASE AND WAIVER**

By joining PBHTA and participating in hiking and trail riding, I fully understand that hiking and trail riding can be dangerous. I understand that my horse or I may be injured as a result of my negligence, the negligence of others or through no fault of my own or anyone else, because of the nature of hiking or trail riding. I also understand that horses, even the most well-trained animals, can be unpredictable and difficult to control. I wish to participate in the activities of PBHTA and I accept and assume all of the risks of injury (including death) to my property or me. PBHTA is released from any claim of any kind for my injury or death or loss of my property.

In exchange for participating in PBHTA-sponsored activities, for myself, my heirs, guardians, and legal representatives, I release and agree not to make or bring any claim of any kind against PBHTA or its officers, members, guests or landowners or other persons making property available for PBHTA for any injury arising out of my participation on the trails. I will keep all those released by this agreement free of any damages or cost because of those claims.

By signing this Liability Release and Waiver, I understand that I am waiving or releasing any right which I might have to sue or make any claim which I might have or which might subsequently arise or occur against PBHTA, its officers, members, families, guests or landowners over whose land I hike or ride, for any loss or damage or from any claim resulting in injury. I sign this willingly and voluntarily.

Signed _____ Date _____

(Guardian's signature for minor child) Date _____

Name _____
(Please Print)

(Print your name and name of minor child)