

Fairfield Bridle Trail Association

P.O. Box 515, Fairfield CT 06824

www.fairfieldbridletrails.org

Thank you for joining the FBTA. As a member you will receive invitations to our organized rides, special events, Fall hunter trails, and holiday party, as well as our newsletter and a 2009 FBTA sticker for your car or trailer. Your contribution goes a long way in maintaining our extensive network of bridle paths. We look forward to seeing you on the trails.

**2009 MEMBERSHIP DUES
Riders* or Supporting Non-Riders**

<input type="checkbox"/> \$ ____ Benefactor (please specify amount)	<input type="checkbox"/> \$100 Family (# of family members ____)
<input type="checkbox"/> \$250 Sponsor	<input type="checkbox"/> \$ 50 Individual
<input type="checkbox"/> \$150 Trail Blazer	<input type="checkbox"/> \$ 35 Junior (under 18)

**All riders must complete the Release and Waiver of Liability Form attached.*

Please make your check payable to: **Fairfield Bridle Trail Association** and mail to:

FBTA, P.O. Box 515, Fairfield, CT 06824.

All contributions are tax deductible.

Name(s) _____

Address _____

City _____ State _____ Zip _____

Phone _____

E-mail Address _____

MEETINGS and COMMITTEES

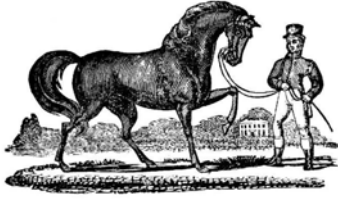
I prefer meetings: ____ week days ____ evenings ____ weekends

I would like more: ____ group rides ____ social events ____ speakers ____ riding clinics

Sign me up for the: ____ trail maintenance and organized rides committee

____ special events committee ____ hunter trials committee

Thank you for your support!



Fairfield Bridle Trail Association

RELEASE AND WAIVER OF LIABILITY FOR RIDERS

Please sign and return with your membership application

I, _____, am aware that horseback riding poses potentially serious risk of injuries to participants. I understand that my horse or I or anyone riding with me may be injured as a result of my negligence, the negligence of others, or through no fault of myself or anyone else, because of the nature of the activity in which I am going to be engaged. I also understand that horses, even the most well trained, are often unpredictable and often difficult to control.

With the knowledge of the foregoing, and as an inducement for the Fairfield Bridle Trail Association (FBTA) and the landowners (over whose property the FBTA bridle trail network passes) to allow me to ride on their grounds and trails, I hereby agree to waive or release (give up) any and all rights that I or my heirs may have, to make a claim against the FBTA, its members, directors, officers, or the landowners arising from any damages, injury or death which I might sustain or which might occur to any horse I am riding as a result of my horseback riding activity (which activity may include, but is not limited to riding over fences, walls, natural and/or man made jumps, water courses and other obstacles, as well as over or through steep, densely foliated and or rough terrain). I further agree to indemnify (hold harmless) all of the foregoing from any claims which I or any guest of mine might make or which might be made on my behalf of any guest of mine, or which might be made against me by others, arising from riding on the FBTA bridle trail network or on private lands or public roads used by the FBTA.

BY SIGNING THIS RELEASE AND WAIVER, I UNDERSTAND THAT I AM GIVING UP (WAIVING OR RELEASING) ANY RIGHT I HAVE TO SUE OR MAKE ANY CLAIM WHICH I MIGHT HAVE OR WHICH MIGHT SUBSEQUENTLY ARISE OR OCCUR AGAINST THE FBTA AND THE LANDOWNERS AND THE MEMBERS AND PARTICIPANTS FOR ANY INJURIES WHICH I MIGHT SUSTAIN WHILE HORSEBACK RIDING AND/OR PARTICIPATING IN ANY WAY IN ANY FBTA EVENT. AND I UNDERSTAND THAT I AM INDEMNIFYING (HOLDING HARMLESS) THE FBTA FOR INJURING ANYONE ELSE OR ANY HORSE RIDDEN BY ANOTHER WHILE SO ENGAGED. IT IS MY INTENT TO GIVE UP THOSE RIGHTS AND I DO SO KNOWINGLY AND VOLUNTARILY. I FURTHER AGREE TO PAY ALL LEGAL FEES CONNECTED WITH MY BREACH OF THIS DOCUMENT, IF ANY ARE INCURRED.

This Release and Waiver of Liability claim has been read and carefully and clearly represents my intent when signing it.

Signature **Date**

If a minor, parent or guardian must sign **Date**