

Duluth Area Horse Trail Alliance (DAHTA)

P.O. Box 15341

Duluth, MN 55815

2018 APPLICATION FOR MEMBERSHIP

Date of application: _____ Type of membership (Circle one) Single \$20 Family \$25

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

**** Family memberships:** list the names of ALL family members and ages of minors. Children are considered under family membership if under 18 years of age. ****Family memberships can include a significant other****

Mailing address: _____

City: _____ **State:** _____ **Zip code:** _____

E-Mail: _____

Voluntary Participation: I acknowledge that I have voluntarily applied to assist the Duluth Area Horse Trail Alliance in their efforts to maintain, improve and develop areas open to equestrians and other users in the Duluth Area Horse Trail Alliance and surrounding areas. I understand as a volunteer that I will not be paid for my services, that I will not be covered by any medial, worker's compensation benefits or other insurance coverage provided by the association.

Release: in consideration of the opportunity afforded to me to assist the DAHTA, I hereby agree that assignees, my heirs, guardians, legal representatives, and I will not make a claim against the DAHTA, their officers or directors collectively or individually. Or the suppliers of any materials or equipment that is used by the association or any volunteer workers, for the injury or death to me or damage to my property, however caused, arising from my participation in the DAHTA. Without limiting the generality of the foregoing I hereby waive and release any rights, actions or causes of action resulting from personal injury or death to me, or damage to my property, sustained in connection with my participation in any projects. I further consent to the unrestricted use by the DAHTA and/or person (s) authorized by them of any photographs recordings, interviews, videotapes, motion pictures, or similar visual recording of my undersigned or me.

Signature of adult Members, parent or guardian of minor family members:

(1) _____

(2) _____