



APPLICATION FOR MEMBERSHIP 2024-25

Date of Application: _____ Type of Membership (Circle One) Single \$20 Family \$25

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

**Family memberships: List the names of all family member and ages of minors. Family memberships may include a significant other. Children over the age of 18 must join under a single membership.

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

*E-Mail Address: _____

*Required as this is our primary form of communicating to members. Please Check below:

Okay to share email with membership

Do not share my email address

*Phone Number: _____

Okay to share phone # with membership

Do not share my phone number

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 Duluth and surrounding areas. I understand that, as a volunteer, I will not be paid for my services, that I will not be covered by any medical, worker's compensation benefits or other insurance coverage provided by the Alliance.

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 with 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 DAHTA and/or person(s) authorized by them of any photographs, recordings, interviews, videotapes, motion pictures or similar visual recording of the undersigned or me.

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

(1) _____ (2) _____