



Harding Township / Green Village Bridle Path Association

PO Box 710, New Vernon, New Jersey 07976-0710 | bridlepath.org | Nonprofit EIN #022-3603090

Membership Form

Complete this form and the signed waiver on page 2. Submit by mail with payment.

MEMBERSHIP SELECTION

MEMBERSHIP TYPE

- ☐ Renewal membership
- ☐ New membership

MEMBERSHIP LEVEL

- ☐ Individual Adult - \$50
- ☐ Individual Junior (17 and under) - \$30
- ☐ Family - \$75

Make checks payable to HT/GV BPA. Membership deadline: April 15.

PRIMARY MEMBER INFORMATION

DATE

NAME

STREET ADDRESS

ADDRESS LINE 2

CITY

STATE

ZIP

HOME PHONE

CELL PHONE

EMAIL ADDRESS

VOLUNTEER INTERESTS

Please check every area in which you or a family member would be willing to assist:

- | | | |
|--|--|---|
| ☐ Trail Maintenance | ☐ Social (Picnic / Holiday Party) | ☐ Publicity |
| ☐ Horse Show Committee | ☐ Legal / Easement Investigation | ☐ Community Donation Drive |
| ☐ Show Equipment Maintenance | ☐ Educational Programs (Equestrian) | ☐ Membership Drive |
| ☐ Representing BPA at Town Meetings | | |

SIGNED WAIVER ON PAGE 2 MUST ACCOMPANY THIS FORM



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Membership Waiver

All individual members, each person included in a family membership, and a parent or guardian for each minor must sign.

ACKNOWLEDGMENT AND RELEASE

I, the member and/or his/her parent(s) or guardian(s) understand and acknowledge that my membership is made herewith at my own risk and subject to the conditions and regulations of the Harding Township/Green Village Bridle Path Association (HT/GV BPA). I agree to indemnify and hold harmless the owner HT/GV BPA, and their agents and employees, from and against any and all demands, claims, suits, causes of action, damages, losses, penalties, and/or expenses, including attorneys fees, arising out of or resulting from my participation in trail riding and other HT/GV BPA activities. I understand that neither the Association or its Committees, the host, nor the property owners accept any responsibility for accidents, damage, injury or illness to the horses, owners, riders, employees, attendants, spectators or any other person or property, whatsoever in connection with these activities:

WARNING: UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES, PURSUANT TO P.L., CHAPTER 287.

MEMBER SIGNATURES

Type each full legal signature in the fillable PDF, or print and sign by hand. A parent or legal guardian must sign for each minor.

MEMBER 1 NAME SIGNATURE	PARENT / GUARDIAN SIGNING? ☐ Yes ☐ No	AGE IF UNDER 18
MEMBER 2 NAME SIGNATURE	PARENT / GUARDIAN SIGNING? ☐ Yes ☐ No	AGE IF UNDER 18
MEMBER 3 NAME SIGNATURE	PARENT / GUARDIAN SIGNING? ☐ Yes ☐ No	AGE IF UNDER 18
MEMBER 4 NAME SIGNATURE	PARENT / GUARDIAN SIGNING? ☐ Yes ☐ No	AGE IF UNDER 18



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Additional Family Members

Complete this page only when more than four individuals are included in a family membership.

ADDITIONAL MEMBER SIGNATURES

Each additional member must print their name and sign. A parent or legal guardian must sign for each minor.

MEMBER 5 NAME 	PARENT / GUARDIAN SIGNING? ☐ Yes ☐ No	AGE IF UNDER 18
SIGNATURE 		
MEMBER 6 NAME 	PARENT / GUARDIAN SIGNING? ☐ Yes ☐ No	AGE IF UNDER 18
SIGNATURE 		
MEMBER 7 NAME 	PARENT / GUARDIAN SIGNING? ☐ Yes ☐ No	AGE IF UNDER 18
SIGNATURE 		
MEMBER 8 NAME 	PARENT / GUARDIAN SIGNING? ☐ Yes ☐ No	AGE IF UNDER 18
SIGNATURE 		
MEMBER 9 NAME 	PARENT / GUARDIAN SIGNING? ☐ Yes ☐ No	AGE IF UNDER 18
SIGNATURE 		
MEMBER 10 NAME 	PARENT / GUARDIAN SIGNING? ☐ Yes ☐ No	AGE IF UNDER 18
SIGNATURE 		