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

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 _____ **PARENT / GUARDIAN SIGNING?** ○ Yes ○ No **AGE IF UNDER 18** _____

SIGNATURE _____

MEMBER 2 NAME _____ **PARENT / GUARDIAN SIGNING?** ○ Yes ○ No **AGE IF UNDER 18** _____

SIGNATURE _____

MEMBER 3 NAME _____ **PARENT / GUARDIAN SIGNING?** ○ Yes ○ No **AGE IF UNDER 18** _____

SIGNATURE _____

MEMBER 4 NAME _____ **PARENT / GUARDIAN SIGNING?** ○ Yes ○ No **AGE IF UNDER 18** _____

SIGNATURE _____

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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