

Harding Township/Green Village Bridle Path Association
HT/GV BPA PO Box 710 New Vernon, New Jersey 07976-0710
www.bridlepath.org Nonprofit EIN #022-3603090

MEMBERSHIP FORM

- | | |
|---|--|
| <p style="text-align: center;"><u>Check One</u></p> <p><input type="checkbox"/> Renewal Membership</p> <p><input type="checkbox"/> New Membership</p> | <p style="text-align: center;"><u>Check One</u></p> <p><input type="checkbox"/> Individual Adult \$35</p> <p><input type="checkbox"/> Individual Junior (17 and under) \$20</p> <p><input type="checkbox"/> Family \$45</p> |
|---|--|

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

Date: _____

Address HT/GV BPA mailings to :

Name: _____

Address: _____

Telephones: Home _____ Cell _____

Email address: _____

Please check all areas in which you or a family member would be willing to assist:

- | | |
|--|--|
| <input type="checkbox"/> Trail Maintenance | <input type="checkbox"/> Social (Picnic; Holiday party) |
| <input type="checkbox"/> Horse Show Committee | <input type="checkbox"/> Legal/Easement investigation |
| <input type="checkbox"/> Show Equipment Maintenance | <input type="checkbox"/> Publicity |
| <input type="checkbox"/> Educational programs (equestrian) | <input type="checkbox"/> Community Donation Drive |
| <input type="checkbox"/> Membership Drive | <input type="checkbox"/> Representing BPA at town meetings |

**** SIGNED WAIVER MUST ACCOMPANY FORM ****

Harding Township/Green Village Bridle Path Association

All Individual Members, all individuals within a Member Family and a parent or legal guardian for each member under age 18 MUST SIGN below the waiver.

WAIVER

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."

<u>Print NAME</u>	<u>Parent or legal guardian sign for Juniors</u>	<u>RIDER</u>	<u>AGE if under 18</u>
1. _____		Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
SIGN _____			
2. _____		Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
SIGN _____			
3. _____		Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
SIGN _____			
4. _____		Yes <input type="checkbox"/> No <input type="checkbox"/>	_____
SIGN _____			

Please add additional Family Membership names, signatures and data below: