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GEORGETOWN DIVIDE EQUESTRIAN TRAILS FOUNDATION
WORKING TO SAVE OUR TRAILS!

NEW MEMBERSHIP AND RENEWAL FORM FOR 2020

NAME _____

ADDRESS _____

HOME PHONE _____ CELL PHONE _____

EMAIL _____

(Please print clearly - most of our correspondence is done through e-mail)

ANNUAL MEMBERSHIP -

\$30 _____ one individual person

\$45 _____ up to two people

CHARITABLE TRAIL CONTRIBUTION \$ _____

TOTAL \$ _____

AREAS THAT I WOULD LIKE TO HELP OUT WITH: (check all that apply)

Dru Barner Fun Ride ___ Dru Barner Poker Ride ___ Dru Barner camp maintenance ___
Balderston staging area maintenance ___ Event photographer ___ Trail work ___
Trail Mentor ___ Holiday Party ___ Specific areas of expertise/talent _____

AGREEMENT & RELEASE OF ALL LIABILITY

I/we _____, in consideration of the acceptance of this application hereby acknowledge that I have voluntarily applied to participate in Georgetown Divide Equestrian Trails Foundation (herein referred to as GDETf). I am aware that participating in GDETf involves the risk of injury to my person and property. I voluntarily accept all risk of personal injury (including permanent disability and death) and property damage arising from my attendance and participation in GDETf. As lawful consideration for being permitted to participate in GDETf, I hereby agree that I, my heirs, personal representatives, and assigns will not make a claim against or sue GDETf, its officers, directors, members, employees, agents, invitees or affiliated entities for any injury or damage from the negligence or other acts, however caused, of GDETf, their employees, officers, directors, members, agents, contractors, guests, invitees, etc. In addition, I hereby release and discharge GDETf, its officers, directors, members, employees, agents, contractors, guests, invitees and affiliated entities from all actions, claims or demands, that I, my heirs, personal representatives or assigns now have or may hereafter have for personal injuries or property damage resulting from my participating in GDETf. I agree that this release includes injury or damage caused in whole or in part by negligence, active or passive of the GDETf and its members, employees, landowners, agents and contracting parties.

I HAVE CAREFULLY READ THIS AGREEMENT; I UNDERSTAND THAT IT IS A COMPLETE RELEASE OF LIABILITY AND A PROMISE NOT TO SUE OR TO MAKE A CLAIM. I AM AWARE THAT IT IS A CONTRACT BETWEEN GDETf AND MYSELF.

Signature _____ Date _____

Signature _____ Date _____

Make checks payable to: GDETf
Mail to: Terri Jimison, 5320 Hollow Ln, Greenwood, CA 95635