

If your ATV, UTV OR Snowmobile was registered through the SSRT the previous year? PLEASE CIRCLE: YES OR NO

SNOW SHOE RAILS TO TRAILS MEMBERSHIP APPLICATION

PO BOX 314
CLARENCE, PA 16829
www.ssrt.org

Cost - \$20 per each ATV –UTV – Snowmobile
\$20 Non-motorized – Family
\$125 Corporate Sponsorship

MEMBERSHIP YEAR RUNS JANUARY TO DECEMBER
(Complete a separate Application for each machine)
Make Check Payable to “Snow Shoe Rails to Trails”

(Your machine must be registered to use the Snow Shoe Rail Trail – See #3 Rules & Regulations)
(ALL OPERATORS, PASSENGERS OF ATVS, UTVS & SNOWMOBILES MUST WEAR HELMETS AND GOGGLES – See #4 Rules & Regulations)

PLEASE PRINT LEGIBLY

Registrations & Insurance Information

Make: _____ Model: _____ State Registrations/DCNR License plate#: _____

Expiration Date: _____ Out of State Tourist (State): _____

Insurance Co. Name: _____

Policy #: _____ Expiration Date: _____

Attach copy of proof of Liability Insurance and state’s registration with submission of this form/ (For all motorized units.) State’s reciprocating with PA must also provide a copy of their state’s registration and liability insurance

Name: _____ Phone Number: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law have waived my right to maintain a lawsuit against SSRT on the basis of any claim from which I have released them herein. I have had sufficient opportunity to read the reverse side of this document. I have read and understood it, and agree to be bound by its terms.

Signature of Participant: _____ Date: _____

PARENT’S OR GUARDIAN’S ADDITIONAL INDEMNIFICATION (Must be completed for participants under the age of 18)

In consideration of _____ (print minor’s name) (“Minor”) Being permitted by SSRT to participate in its activities and to use its equipment and facilities, I further agree to indemnify and hold harmless SSRT from any and all claims which are brought by, or on behalf of Minor, and which are in any way connected with such use or participation by Minor.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

Ride Safe . . . always wear protective gear . . . be responsible!!