

FOR OFFICIAL USE ONLY

SSRT # _____ SSRT # _____ SSRT # _____ SSRT # _____ SSRT # _____ SSRT # _____

MEMBERS
PLEASE CHECK ONE BOX

NEW ☐

RENEWAL ☐



SNOW SHOE RAILS TO TRAILS MEMBERSHIP APPLICATION

P.O. Box 314
Clarence, PA 16829

MOTORIZED

Registration Information: Make: _____ Model: _____

State's Registration #: _____ Exp. Date _____

Insurance Co. Name: _____

Policy #: _____ Exp. Date: _____

Out of State Tourist (state): _____

E-mail: _____

(Your machine must be registered to use the Snow Shoe Rail Trail)

Available to do work and/or cleanup? Yes _____ No _____

Cost - \$20 Per each ATV -- UTV -- Snowmobile
(Complete a separate Application for each machine)
Make Check Payable to "Snow Shoe Rails to Trails"



NON-MOTORIZED

DESIRED USE - CHECK ALL THAT APPLY

Horse Back Riding	<input type="checkbox"/>	Hiking	<input type="checkbox"/>
Walking	<input type="checkbox"/>	Running	<input type="checkbox"/>
Skiing	<input type="checkbox"/>	Biking	<input type="checkbox"/>

Individual/Family (\$20.00) _____ Corporate (\$125.00) _____

This sticker gives permission to ride the abandoned railroad bed between Clarence and Black Bear Run Bridge, developed into a recreational trail by the Snow Shoe Rails to Trails Association.

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.

Membership year runs January to December

COMPLETE SEPARATE APPLICATION FOR EACH MACHINE

Snow Shoe Rail-Trail, is an equal recreational opportunity Trail System

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



**** (REVERSE SIDE MUST BE COMPLETED ENTIRELY) ****

ANNUAL PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK from January 1, 2013 to December 31, 2013.

In consideration of the services of Snow Shoe Rails to Trails, their agents, owners, officers, volunteers, participants, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "SSRT"), I hereby agree to release, indemnify, and discharge SSRT, on behalf of myself, my spouse, my children, my parents, my heirs, assigns, personal representative and estate as follows:

1. I acknowledge that my participation in ATV and snowmobile riding activities entails known and unanticipated risks that could result in physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

The risks include, among other things: slips and falls; riding on uneven and/or snow covered terrain, changing snow conditions and variations in elevations; passengers can be jolted, jarred, bounced, thrown about and otherwise shaken during rides; it is possible that riders could be injured if they come into contact with other passengers or equipment; injuries can be sustained from the trail, equipment or from items on the trail such as holes, bumps, ruts, obstacles, tree limbs and branches or rocks; loss of control of the vehicle; falls from the vehicle; collision with other vehicles, participants, trees, rocks, and other manmade or natural obstacles; exposure to temperature and weather extremes which could cause hypothermia, hyperthermia (heat related illnesses), heat exhaustion, sunburn, dehydration; and exposure to potentially dangerous wild animals, insect bites, and hazardous plant life; equipment failure; improper lifting or carrying; burns; mechanical and/or equipment problems; unavailability of immediate medical attention in case of injury; accidents or illness can occur in remote places without medical facilities; my own physical condition, and the physical exertion associated with this activity.

Furthermore, SSRT employees have difficult jobs to perform. They seek safety, but they are not infallible. They might be unaware of a participant's fitness or abilities. They might misjudge the weather or other environmental conditions. They may give incomplete warnings or instructions, and the equipment being used might malfunction.

2. I expressly agree and promise to accept and assume all of the risks existing in this activity. My participation in this activity is purely voluntary, and I elect to participate in spite of the risks.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless SSRT from any and all claims, demands, or causes of action, which are in any way connected with my participation in this activity or my use of SSRT 's equipment or facilities, **including any such claims which allege negligent acts or omissions of SSRT.**
4. Should SSRT or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
5. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating, or else I agree to bear the costs of such injury or damage myself. I further certify that I am willing to assume the risk of any medical or physical condition I may have.
6. In the event that I file a lawsuit against SSRT, I agree to do so solely in the state of Pennsylvania, and I further agree that the substantive law of that state shall apply in that action without regard to the conflict of law rules of that state. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining document shall remain in full force and effect.

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 to 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 this entire document. I have read and understood it, and I agree to be bound by its terms.

Print Name _____ Phone Number _____

Address _____ City _____

State _____ Zip _____ Email _____

Signature of Participant _____

**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 or Guardian: _____ Print Name: _____ Date: _____