



Parker Trail Riders
P. O. Box 363
Parker, CO 80134

www.parkertrailriders.org

Membership Application Year _____
New ___ Renewal___

Joining after September 30th – Membership good through following YEAR.

NOTE: Newsletters are distributed via e-mail or can be accessed at www.parkertrailriders.org *If you would like to receive the e-mail newsletter, please print your e-mail address below.*

E-mail address: _____
(PTR DOES NOT SHARE/SELL/DISTRIBUTE THE EMAIL LIST) **PLEASE PRINT CLEARLY**

LIABILITY RELEASE AND MEDIA RELEASE
MUST BE SIGNED TO COMPLETE APPLICATION

Family _____ **Individual** _____ **Business** _____

Name _____ **Birth Month** _____
Spouse _____ **Birth Month** _____
Address _____
City, State, Zip _____ **Phone #** _____

Children _____ **Age** _____ **Birth Month** _____
_____ **Age** _____ **Birth Month** _____
_____ **Age** _____ **Birth Month** _____

FAMILY OR EMPLOYEE NAME(S) BUSINESS APPLICATION ONLY

INTERESTS: ENGLISH _____ WESTERN _____ GYMKHANA _____ TRAIL _____ PARADES _____ OTHER _____
COMMITTEES YOU ARE WILLING TO HELP WITH:
PLEASURE SHOW _____ GYMKHANA _____ TRAIL _____ SOCIAL _____ ARENA _____

(If you want your newsletter mailed to you verses email please add \$20.00 to the membership price below.)

Family: Parents and children under 18 yrs. (as of Jan. 1st) = \$25.00
Individual: 18 yrs and over = \$20.00
Business: Family (or 2 employees w/Free Monthly Advertising = \$35.00 (Include Business Card)

Make checks payable to: PARKER TRAIL RIDERS / MAIL TO ADDRESS ABOVE

ATTENTION: see page 2

IF YOU DO NOT WANT TO BE INCLUDED IN THE CLUB DIRECTORY, CHECK HERE

RELEASE FORM

For Members, Guests and Children

Under Colorado law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 13-21-119, CRS. I (we) release *Parker Trail Riders*, its officers, directors, members and agents of any and all liability which may arise as a result of injury to my (our) person or property that may be sustained in connection with the club's activities. I also acknowledge that I have read and agree to abide by all rules, regulations and bylaws as written in the PTR Rule Books.

Signature (or Parent's/Guardian if rider is a minor):

PRINT

SIGN

DATE

PRINT

SIGN

DATE

RIDERS UNDER 18yrs **(not accompanied by a parent)**

Sponsoring Relative's Signature (If under 18yrs)/Date _____
Sponsoring Relative's Signature (If under 18yrs)/Date _____

I, _____, authorize _____ to act on my behalf regarding medical treatment for my child(ren) _____ should it be necessary. I accept full responsibility for all medical and health care rendered in response to this authorization of permission to treat. *I will hold The Parker Trail Riders, it's officer's, directors, members and agents harmless for any and all liability for any treatment rendered.* I agree to assume all risks and hold harmless all names parties for any liability.

Parent Signed: _____
Date: _____ (no expiration)

Attach copies of medical insurance information here.

PUBLICATION, VIDEO AND INTERNET CONSENT AND RELEASE AGREEMENT

Members and Non-Members participating in any/all activities sponsored by Parker Trail Riders release to Parker Trail Riders any and all verbal statements and Portraits (video or still) and consent to their use by Parker Trail Riders.

Parker Trail Riders agrees the Members/Non-Members verbal statements, portrait of picture shall only be used for public relations, public information, PTR promotion, publicity and/or instruction.

Members and Non-Members understand and agree that:

- No Monetary consideration shall be paid;
- Consent and release have been given without coercion or duress;
- This agreement is binding upon heirs and/or future legal representatives;
- The photo, video or verbal statements may be used in subsequent years.

Participant Signature or Guardian's Signature

Date

Participant Signature

Date