



# PTR Membership Application

P.O. Box 3915  
Parker, CO 80134

[www.parkertrailriders.org](http://www.parkertrailriders.org)

WELCOME TO PTR!!			
Date Received by PTR?		New Member?	
Time Received?		Renewal?	
Received by?		Paid by (Check # or Cash)?	

Type of Membership (circle one)	Individual	Family	Business
	\$20	\$25	\$45
<i>PTR memberships are valid from January 1 to December 31 and are non-refundable.</i>			

Member Name (Up to Four Individuals for Business Membership). Family is defined as immediate family including children under 18.	Parent or Child (indicate)	Age as of 1/1
Primary name or business name here		
1.		
2.		
3.		
4.		
<i>First name will be used as the primary member name. INSERT BUSINESS NAME if you are a business. If additional space is required for family membership, please use reverse of page and indicate here. _____.</i>		

Primary Member Email and Phone for Communication			
Email		Phone	

## ACKNOWLEDGEMENT OF RULES AND REQUIREMENTS AND RELEASE AGREEMENT

*PTR publishes rules and requirements for the club on [parkertrailriders.com](http://parkertrailriders.com) in the form of our Operations Manual. Participants (and parents/guardians responsible for minors) for end of the year competitions are responsible for reviewing and understanding the requirements for hours, meetings, and participation to be eligible.*

*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. I will hold The Parker Trail Riders, its officers, directors, members and agents harmless for any and all liability for any treatment rendered. I agree to assume all risks and hold harmless all parties from any liability.*

NAME

SIGNATURE

DATE