



<p>Membership Application P.O. Box 314 Clarence, Pa 16829</p>
<p>Make Checks Payable to Snow Shoe Rails to Trails</p>

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ - _____ - _____ Email _____

Desired Use – Check all that apply

Horse Back Riding	Hiking
Walking	Running
Skiing	Snowmobile
Biking	ATVing

Membership Desired: (Renewal date is annually upon date joined)

Individual (\$6.00) _____ Family (\$10.00) _____ Corporate (\$) _____

Interested in helping out? (Check all activities that you would be interested in)

Clean up days _____ Trail Guide _____ Volunteer (Group Maintenance days) _____

Trail Monitor/Watchdog _____ Days available – M __ T__ W__ T__ F__ S__ S__

Other _____

<p>Administrative Use</p> <p>Approved _____ Title _____ Date _____</p> <p>Project _____</p>



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



Snow Shoe Rails to Trails ATV/Snowmobile Membership Application
P.O. Box 314 Clarence, Pa 16829

Registration Information

Make _____ Model _____

(Pa) Registration # _____ Expiration Date _____

Insurance Co Name _____ Policy # _____

Expiration Date _____ Out of State Tourist (state) _____

(Your Machine must be registered to use the Snow Shoe Rail Trail System)
Available to do trail work and/or cleanup? Yes _____ No _____

Cost- \$10.00 Per ATV/Snowmobile (\$8.00 for second unit), (\$6.00 for each additional unit) in same family. (Complete Separate Application for each machine)
Make Check Payable to "Snow Shoe Rails to Trails"

Waiver and Release

In Consideration of being allowed to use the trail of the Snow Shoe Rails to Trails Association free of charge, the person signing this document agrees to the following:

1. That they will register their ATV/Snowmobile with the SSRT each year prior to using the trail.
2. That they will abide by all Pennsylvania, local, SSRT rules and regulations including current Pa State ATV/Snowmobile law.
3. That they will be responsible for insuring any person or persons using their ATV/Snowmobile and will comply with all Provisions of the document.
4. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury including permanent disability and death, and severe social and economic losses, which might result not only from their own actions, inactions or negligence of others, or the conditions or the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
5. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
6. Release, waive, discharge and covenant not to sue the Snow Shoe Rails to Trails Association or any of its administrators, workers, directors, volunteers, agents, and other employees of the organization, sponsoring agencies, sponsors, advertisers, owners lesser all of whom are herein referred to, "releases", from demands, losses or damages on account of injury, including death or damage to property, caused in whole or part by negligence of the release or otherwise.

THE UNDERSIGNED HAVE READ THE ABOVE WAIVER, RELEASE, AND RULES OF THE TRAIL;
UNDERSTAND THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. AND SIGN IT
VOLENTARY, INTENDING TO BE LEGALLY BOUND.

Signature Date

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

Attach Copy of Proof of Liability Insurance with submission of this form (for ATV/Snowmobile)

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