

**Membership Application/Renewal – 2024 Calendar Year**

\_\_\_\_\_ Family (\$25) \_\_\_\_\_ Individual (\$15) \_\_\_\_\_ Associate (Newsletter only) (\$10)

**Trail Pleasure Program Participation Fee in addition to Regular Membership Fee:**

Adult Participant Name: (\$5/adult regular member) \_\_\_\_\_

Youth Participant Name: (\$2 per youth) \_\_\_\_\_

Parent or Guardian must hold a current Family membership

**PLEASE PRINT LEGIBLY**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

PLEASE CONSIDER Receiving the Newsletter by e-mail: \_\_\_\_\_ yes \_\_\_\_\_ no

\*\*\*\*\* **Membership 6 month comp Referral: (one per member per year)**\*\*\*\*\*

Name of Potential New Member: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ \* E-mail address: \_\_\_\_\_

\* Comp members must provide an e-mail address for receipt of newsletters.

**Return this completed form and a check made out to NYSPWHC for the proper amount to:  
Sheila Staelens, 2680 Lawson Rd, Oriskany Falls, NY 13425**

**(Youth Trail Pleasure Participant, parent signature required)**

**Release from Liability Form**

In consideration of being allowed to participate in any way in New York State Plantation Walking Horse Club (NYSPWHC) activities or events, the undersigned (Releasor) acknowledges and fully understands that horses, their nature, the activities or events they are involved in and the facilities utilized can be very dangerous and that each participant will be engaging in activities that involve risk of injury, including permanent disability or death and that severe social and economic losses might result from their own actions or inactions, from the actions or inactions of others, or from other risks not known to us or reasonably foreseeable at the time. Said undersigned assumes all the foregoing risks and accepts personal responsibility for the damages following such injury, permanent disability or death; said undersigned, also including persons associated with the undersigned who may not be entered in the event; hereby agrees to hold harmless, indemnity, release, waive, discharge and covenants now with NYSPWHC, its officers, board of directors or members, land owners and lessors or premises used to conduct the said activities or events all of which are hereinafter referred to as releasee(s) from all claims, causes or actions, demands, losses or damages on account of injury, including death or damages to property caused or alleged to be caused in whole or in part by negligence of the releasee(s) or otherwise; said undersigned has read and signed the above waiver and release voluntarily and understands that he or she has given up substantial rights.

Signature of Releasor(s): \_\_\_\_\_ Date: \_\_\_\_\_

(Parent/Guardian (must be signed for anyone under 21 years of age