



Essex County Trail Association Membership Form

Please indicate membership category: New or Renewal

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Email: _____

If Renewal, Has your address or name changed since last renewal? Yes No

Previous Name: _____

Previous Address: _____

City: _____ State: _____ Zip: _____

Qty	Item	Amount	Total
	Family (Entitles you to 3 Trail tags)	\$35.00	
	Individual (Entitles you to 1 Trail Tag)	\$25.00	
	Extra Trail Tags for the same family	\$10.00 each	
<u>Donation Categories</u>			
	<input type="radio"/> Trustee of the Land	\$1000.00 or more	
	<input type="radio"/> Steward of the Land	\$500.00	
	<input type="radio"/> Patron of the Land	\$250.00	
	<input type="radio"/> Friends of ECTA	\$100.00	
	<input type="radio"/> Supporter of ECTA		
	FINAL TOTAL – Payable to ECTA Donations beyond your annual dues are tax deductible, as permitted by law.		
	**For our supporters making a donation of \$100.00 or more, please let us know if you would like to receive an ECTA hat.	<input type="checkbox"/> Yes <input type="checkbox"/> No, thanks	

Please indicate on a scale of 1 (low) to 7 (high) your use of trails:

Riding _____ Walking _____ Jogging _____ Cycling _____ Carriage Driving _____ XCountry Skiing _____

Other _____

My Horse(s) are stabled at CANTER BROOK EQUESTRIAN CENTER ___or HOME.

I currently own _____ number of horses.

WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT - 2008

In consideration of being permitted by the Essex County Trail Association ("ECTA"), to participate in outdoor adventure based activities, the undersigned executes this Waiver and Release of Liability and Indemnity Agreement (the "Release") and hereby agrees as follows:

I acknowledge that participation in outdoor adventure based activities such as horseback riding, skiing, hiking, jogging, or cycling entails known and unanticipated risks which could result in physical or emotional injury, paralysis, death or damage to myself, to property or to third parties. I acknowledge that surface or subsurface conditions may adversely affect footing, and that noise and use of the trails by a variety of users at the same time may affect equines and other animals. I acknowledge that all participants engaged in equine activity or cycling should wear certified equestrian or cycling helmets. I understand that the wearing of such headgear while participating in such activities may reduce the severity of participants' head injuries in the event of a fall or other accident.

I agree that I am an adult participant/parent/legal representative or guardian for a minor(s) and am the responsible party for any family participant(s) in outdoor adventure based activities and I will be responsible for any and all costs/damages incurred by any family participant(s) for any injuries or property damage that I or my family may incur, and that I have accident medical insurance coverage in force for any injuries that I or my family may incur or else I agree to bear the costs of such injury or damage myself. I expressly assume all risks associated with all such outdoor adventure based activities. I acknowledge that my family and I participate in outdoor adventure activities totally at our own risk for injuries or property damage that we may incur.

I/we hereby release, waive and discharge the Essex County Trail Association, its officers, members, directors, employees, all other persons or entities acting on its behalf, and any landowners allowing the Essex County Trail Association members and agents to use their land for outdoor adventure based activities (collectively, the "Releasees") from all liability to me, my family, legal representatives, heirs, successors, and assigns, for any and all loss, injury or damage, and any and all claims therefore, on account of injury to my/their person or property, or death in any way connected or associated with my/their participation in outdoor adventure based activities. I hereby indemnify and hold the Releasees harmless from any claims, legal liability, legal actions or rights for damages on account of injury to my/their person or property, or death while I/we are engaged in outdoor adventure based activity.

This Release is governed by and shall be construed in accordance with Massachusetts law. I agree that this Release is intended to be as broad and inclusive as permitted under Massachusetts law, and that I am signing this Release on my behalf and as legal guardian for any minor family participant, and that if any portion hereof is held invalid, the balance shall, notwithstanding, continue in full legal force and effect.

Print Name: _____

Signature: _____ Date: _____

Note to all Riders:

If you intend to ride on the Appleton Farms trails and / or Cranes Beach, the Trustees of Reservations (aka TTOR) requires riders to be members of both ECTA and TTOR. Riders have to join TTOR and enroll in their "Green Horses" Program.

Equestrian Permit Application for Myopia Hunt Club Trails and Myopia Schooling Field - 2008

Name (Last, First, Middle Initial): _____

List family / other persons using trails: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Email: _____

Equestrians are welcome to use the Myopia Hunt Club trails on the understanding that they do so at their own risk. The trails are only open to horseback riders who are current members of the Essex County Trails Association. However, the Myopia Hunt Club Trails are NOT open to bikers, joggers, walkers, cross-country skiers, baby carriages, or motorized vehicles. Only walking and trotting are permitted on the bridle trails along the Myopia Golf Course. Elsewhere the Equestrian trails are open to walking and trotting where reasonable. Please stay on marked trails. Further, the Myopia Hunt Club cannot assume responsibility for injuries, for theft or for the loss of property.

By signing below, I certify that I have read, understand and agree to abide by Myopia Hunt Club regulations. I, the owner, accept responsibility for the actions of my horse and myself while on the Myopia Hunt Club Trails. I also agree to abide by any and all regulations of the Myopia Hunt Club. I realize that failure to do so may cause cancellation of my permit and the loss of riding privileges on all Myopia bridle trails and the Myopia Schooling Field.

Signature: _____

Date: ____/____/____

Please remember to have your ECTA Trail tag visible at all times.

For office use:

Approved by: _____

Date received: ____/____/____

Signature: _____

Title: _____

Submit all forms directly to:

**ECTA
Judy Gregg
210 Sagamore Street
South Hamilton MA 01982**

Or

Left at the Canter Brook Equestrian Center, Business Office.