



**COVERED BRIDGE TRAIL ASSOCIATION**  
**MEMBERSHIP APPLICATION**  
**And RENEWAL FORM**

Membership is open to Delaware Township residents or people boarding horses in Delaware Township.

Name: \_\_\_\_\_

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

Telephone # \_\_\_\_\_ E-mail address \_\_\_\_\_

Horses are stabled at: (if different than above) \_\_\_\_\_

List other family members at this address to be included on application. (PLEASE PRINT):

<u>Last Name</u>	<u>First</u>	<u>Relationship</u>

Emergency Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

I hereby indicate that I have read and agree on behalf of myself and any minors for whom this application is made to abide by the rules and regulations of the Covered Bridge Trail Association. I understand that any infractions thereof by myself, family members or guests may be grounds for the cancellation of membership. I have read and understand the New Jersey Statute 2A:42A-2 Landowner's Limited Liability Act and the Equine Liability Immunity Act P.L. 1997, c287(C5:15-1 et seq.) Further, as a condition of being permitted to use the CBTA trails, I hereby promise not to sue CBTA, its officers, members, volunteers, or landowners as I freely and voluntarily accept all risks of injury, death to myself or horse, or property damage. I release the CBTA, its officers and members from all liability resulting from negligence, use and maintenance and marking of trails, conditions of the trails included but not limited to water, snow, sheer drop offs, steep terrain, rocks, stream crossings, road crossings, holes, debris and conditions of any field or wooded area, accidents with other riders, design and condition of any natural or manmade features, power poles, roots, stumps, trees, lumps, ruts, trail maintenance equipment, fencing or walls and a multitude of other objects, and from actions and omissions of the CBTA officers, members and volunteers, and my participation in equestrian activities, accepting for myself the full responsibility for any and all damage or injury which may result. I further agree that any claim which I may at any time bring for any reason against the CBTA, its officers, members, employees or agencies, shall be submitted to the jurisdiction of the State or Federal courts in the County of Hunterdon, New Jersey and none other and will be governed by the laws of New Jersey. I also agree to pay all legal fees for the CBTA, its officers, members and volunteers. Should I take any non-member on the trails, I agree to either have them pay a \$1.00 day-member fee and sign a day-member form or I agree to assume all liability for any property damage or personal injury that might occur to my guest while on the trails.

Signature	Date
Signature	Date
Signature	Date
Signature	Date

Check one:  New Membership – Single or Family Unit \$50.00

Renewing Membership – Single or Family Unit \$30.00

Number of Horses: \_\_\_\_\_

**PLEASE MAKE YOUR CHECK PAYABLE TO THE C.B.T.A. AND SEND IT WITH THIS APPLICATION TO:**

**C.B.T.A.  
Box 75  
Sergeantsville, NJ 08557**

I would be interested in helping with the following:

- Being on the Board of Governor's Committee     Mowing trails  
 Clearing Trails     Planning/ Gaining Permissions for New Trails  
 Hunter pace     Other - Specify \_\_\_\_\_

**NOTE: MEMBERS ARE EXPECTED TO COMPLY WITH NEW JERSEY STATE LAW REQUIRING THAT HORSES MUST HAVE A NEGATIVE COGGINS TEST WITHIN THE PAST TWO YEARS.**