



COVERED BRIDGE TRAIL ASSOCIATION

Membership Application 2023

*All memberships run for the calendar year January 2023 to December 2023
 New memberships paid after October 1, 2023 will end December 2024

Name: _____

Address: _____

Telephone # _____ E-mail _____

Horses are stabled at: (if different than above) _____

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

Last Name	Relationship
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Emergency Contact- _____ Phone # _____

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 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. I agree I may take a non-member guest out one time on the trails and I assume all liability for any property damage or personal injury that might occur while on the trails.

Signature:		Date:	
Signature:		Date:	
Signature:		Date:	
Signature:		Date:	

Check one: New Membership-Single or Family \$50.00
 Renewing Membership- Single or Family \$30.00

Number of Horses: _____

Would you like to be added to our member directory, which will be emailed to those members on it?

Yes _____ No _____

PLEASE MAKE YOUR CHECK PAYABLE TO THE CBTA. AND SEND IT WITH THIS APPLICATION TO:

CBTA
Box 75
Sergeantsville, NJ 08557

I would be interested in helping with the following:

<input type="checkbox"/> Being on the Board of Governor's Committee	<input type="checkbox"/> Mowing Trails
<input type="checkbox"/> Clearing Trails	<input type="checkbox"/> Planning/Gaining permission for new trails
<input type="checkbox"/> Hunter Pace	<input type="checkbox"/> 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.