

## **Piney Rail Riders**

PO Box 265 Strattanville, PA 16258 www.ridethepine.org

## **MEMBERSHIP APPLICATION**

	□New Membership \$4	l0/yr □Rene	ewal
Applicant Name :			
Address:	City:	State:	_ Zip
Phone:	Email:		
Type ATV/UTV:	V (0.4 1 (0.4	LUDOND DL 4 //	
	Year/Make/Mo	odel/DCNR Plate#	
Emergency Contact:		Phone:	
	next annual renewal of membe		age 17 and younger. Children will lose 18 <sup>th</sup> birthday and will be required to
Please list name and dob	for all those who will be included	d in your membersh	ip.
Name:	DOB:		
Name: Name:	DOB:		
	Read Carefully	Before Signing	
I/we recognize that riding a	an atv/utv is a hazardous activity	/ that can result in s	serious personal injury or death.
trails, rapidly changing we collisions with other ATV's	ather, limited visibility, variation	of slope and steepn d collisions with dev	o, obstacles on and off the roads and ess on and off the trials and roads, vices used to mark the boundary of of Piney Rail Riders.
I/we hereby release and a committees, employees, a	gree to hold harmless Piney Ra nd agents from all claims.	il Riders and/or area	a clubs, their officers, directors,
	is statement and fully understar y Rail Riders and myself/us and		e are aware that this release of liability our own free will.
My/our signature below	signifies that I/we have read a	nd agree with this	release.
Signature of Applicant:		Da	ate:
Signature of Co-Applicant:		Da	ate:
*********	**************************************	CF USF***********	*******
	Membership #:		
Date	ινισιτίρει στιή π	i ayılı <del>c</del> ı	116