



Piney Rail Riders
PO Box 265
Strattanville, PA 16258
www.pineyrailriders.org

DAY PASS APPLICATION

\$10/day

Applicant Name : _____

Address: _____ City: _____ State: _____ Zip _____

Phone: _____ Email: _____

Date(s): _____

ATV/UTV: _____
(Year/Make/Model/DCNR Plate#)

Emergency Contact: _____ Phone: _____
(person **NOT** with you)

Read Carefully Before Signing

I/we recognize that riding an atv/utv is a hazardous activity that can result in serious personal injury or death.

I/we accept the risks inherent to riding with a group including, but not limited to, obstacles on and off the roads and trails, rapidly changing weather, limited visibility, variation of slope and steepness on and off the trails and roads, collisions with other ATV's/UTV's including other riders, and collisions with devices used to mark the boundary of trails or roads. In consideration of my/our participation in the events and rides of Piney Rail Riders.

I/we hereby release and agree to hold harmless Piney Rail Riders and/or area clubs, their officers, directors, committees, employees, and agents from all claims.

I/we have carefully read this statement and fully understand it's contents. I/we are aware that this release of liability is a contract between Piney Rail Riders and myself/us and I/we sign it of my/our own free will.

My/our signature below signifies that I/we have read and agree with this release.

Signature of Applicant: _____ Date: _____

*****OFFICE USE*****

Date: _____ Pass #: _____ Payment: _____