

GOLD COUNTRY TRAILS COUNCIL

A non-profit incorporated association formed in 1981 to develop, maintain, and protect non-motorized recreational trails in the Sierra Foothills area for public use and enjoyment.

2008 MEMBERSHIP FORM

Renewable Annually (in September)

Membership (\$22) Equestrian Bicyclist Hiker/Pedestrian

Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Fax: _____ E-mail: _____

Check this box if you DO NOT want your address or phone number listed in the GCTC Club Phone Book. *The phone book is for club use only.*

To enable us to utilize your many interests and skills, we ask that you check those activities which you can assist us with. Please add to the list under "other" if there is something we may have overlooked. Thank you for your cooperation. Every little bit helps!

Advertising/Publicity	<input type="checkbox"/>	Phone Committee	<input type="checkbox"/>
Artwork/Graphics	<input type="checkbox"/>	Photography	<input type="checkbox"/>
Camp Cooking	<input type="checkbox"/>	Refreshments	<input type="checkbox"/>
Computer Skills	<input type="checkbox"/>	Signs	<input type="checkbox"/>
Fundraisers	<input type="checkbox"/>	Solicitation	<input type="checkbox"/>
Grant Applications	<input type="checkbox"/>	Tool Maintenance	<input type="checkbox"/>
Letter Writing	<input type="checkbox"/>	Trail Work	<input type="checkbox"/>
Lobbying	<input type="checkbox"/>	Welding	<input type="checkbox"/>
Newsletter	<input type="checkbox"/>	Woodworking	<input type="checkbox"/>
Trail Ride Boss	<input type="checkbox"/>	Work Day Boss	<input type="checkbox"/>

Interested in serving as an officer of the GCTC? Yes No

Interested in serving as a board member of the GCTC? Yes No

Interested in chairing a committee? Yes No

Other: _____

To join, please complete this form, and make check payable to:

Gold Country Trails Council, Inc.

and mail to:

P.O. Box 753, Cedar Ridge, CA 95924

100% tax deductible as a charitable contribution

Please sign release form on back of this application for our files.

RELEASE FROM ALL LIABILITY

This is a binding legal document. Read it carefully before signing below.

I understand that the Gold Country Trails Council sponsors and organizes a variety of events, including, but not limited to, equestrian trail rides and overnight campouts, trail building and work days, tack sales, membership meetings, potluck dinners, and other social events. Gold Country Trails Council events are non-alcoholic.

In consideration of the acceptance of my application for membership in the Council or permission to participate in these events, I agree to defend, indemnify, and hold harmless the Gold Country Trails Council, its officers, members, agents, employees, and representatives, from and against all claims, suits, actions, or liabilities (including any of the foregoing by way of indemnification or contribution), for personal injuries, property damage or loss, death, or for attorney fees, which are based on or arise out of my participation in such events. This release applies to all such claims, suits, actions, or liabilities, even though they may arise out of or be based on the negligence, lack of care, or other fault on the part of the persons listed above.

In signing this release I acknowledge that (a) equestrian events and activities involving horses involve risks which may result in serious personal injuries, property damage or loss, or death, (b) that trails and areas for equestrian events may consist of rough trails, steep or unstable terrain, water hazards, wild animals, and other natural or manmade obstacles and dangers, and that I may expect to encounter such areas in their natural condition without any preparation or safeguards designed for equestrian activities, and (c) that horses themselves may create dangers because of kicking, running away, throwing riders off, and other disruptive and uncontrollable behaviors.

I am sufficiently skilled in riding horses, and am sufficiently physically fit, to participate in the equestrian events listed above.

This release is binding on my heirs, executors, administrators, and personal representatives.

DATED: _____, 20____ DATED: _____, 20 ____

SIGNATURE: _____ SIGNATURE: _____

PRINTED NAME: _____ PRINTED NAME: _____

RELEASE OF LIABILITY ON BEHALF OF MINOR

I, the undersigned parent or guardian of _____, address:

_____, age(s): _____, have read, and having legal authority to do so, agree to all of the foregoing provisions of the **RELEASE FROM ALL LIABILITY** on behalf of such minor and myself. I authorize any supervisory personnel to consent on my behalf to any necessary emergency medical treatment for such minor by a properly licensed or qualified person, and I agree to indemnify and hold harmless any persons giving such consent in accordance with the foregoing **RELEASE FROM ALL LIABILITY**.

DATED: _____, 20____ DATED: _____, 20 ____

SIGNATURE: _____ SIGNATURE: _____

PRINTED NAME: _____ PRINTED NAME: _____

DATED: _____, 20____ DATED: _____, 20 ____

SIGNATURE: _____ SIGNATURE: _____

PRINTED NAME: _____ PRINTED NAME: _____