



Duluth Area Horse Trail Alliance (DAHTA)

P.O. Box 15341

Duluth, MN 55815

## 2021 APPLICATION FOR MEMBERSHIP

Date of Application: \_\_\_\_\_ Type of Membership [Circle One] Single \$20 Family \$25

Name: \_\_\_\_\_ Age: \_\_\_\_\_ (Youth only)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ (Youth only)

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

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

*\*\*Family memberships: List the names of all family members and ages of minors. Family memberships can include a significant other. Children over age 18 must join under single membership.*

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*E-Mail Address: \_\_\_\_\_

\*Required as this is our primary form of communicating to members. Please check below:

Okay to share email with membership

Do not share my email address

\*Phone Number: \_\_\_\_\_

\*Required as back up communication when email fails. Please check below:

Okay to share phone # with membership

Do not share my phone number

**Voluntary Participation:** I acknowledge that I have voluntarily applied to assist the Duluth Area Horse Trail Alliance in their efforts to maintain, improve and develop areas open to equestrians and other users in Duluth and surrounding areas. I understand that, as a volunteer, I will not be paid for my services, that I will not be covered by any medical, worker's compensation benefits or other insurance coverage provided by the Alliance.

**Release:** In consideration of the opportunity afforded to me to assist the DAHTA, I hereby agree that assignees, my heirs, guardians, legal representatives, and I will not make a claim against the DAHTA, their officers or directors collectively or individually, or the suppliers of any materials or equipment that is used by the association or any volunteer workers, for the injury or death to me or damage to my property, however caused, arising from my participation with DAHTA. Without limiting the generality of the foregoing, I hereby waive and release any rights, actions or causes of action resulting from personal injury or death to me, or damage to my property, sustained in connection with my participation in any projects. I further consent to the unrestricted use by DAHTA and/or person(s) authorized by them of any photographs, recordings, interviews, videotapes, motion pictures or similar visual recording of the undersigned or me.

Signature of adult members, parent or guardian of minor family members:

[1] \_\_\_\_\_

[2] \_\_\_\_\_