

KENSINGTON TRAIL RIDERS ASSOCIATION

MEMBERSHIP APPLICATION



Please make your check payable to:
Kensington Trail Riders Association

Mail to:
Kensington Trail Riders
P.O. Box 453
Milford MI. 48381

_____	Individual Membership	\$20
_____	Family Membership	\$25
_____	Business Membership	\$50
_____	Sponsor	\$100

Name (print): _____

Address: _____

City, State, Zip: _____

Phone(s): _____

E-mail address: _____

I the undersigned, having read and understood the contents of this statement, agree to; **RELEASE, ABSOLVE, FORGIVE and HOLD HARMLESS** the Kensington Trail Riders Association, its members, its officers, and board members from all and any liabilities, connected to, any claims, judgment losses, costs or expenses, resulting in, but not limited to, death, physical injury, property damage or theft, to myself or my family members, pets and/or livestock, in connection with any event sponsored or organized by the Kensington Trail Riders Association. I and my family members agree, to participate in these activities fully understanding that horses can, and do act unpredictably at times, which is inherent to their nature. I further understand these activities could result in permanent injury or death to me or my family members and agree to participate in these events, knowing these activities are potentially dangerous and hazardous.

Will you or any family member be wearing helmets when you ride? Please circle: YES NO

I further agree to register at the Kensington Metropark Office before riding a horse at Kensington Metropark facility, as required by the Kensington Metropark Authority.

Signature: _____ Date: _____