

# MOUNTAIN VALLEY TRAIL RIDERS MEMBERSHIP APPLICATION 2021

New Member: \_\_\_\_\_

Renewal Member: \_\_\_\_\_

**MEMBERSHIP TYPE:**

\_\_\_\_\_ **HOUSEHOLD:** \$15 (Adults with or without children under age 18 living at the same address)

\_\_\_\_\_ **INDIVIDUAL:** \$10

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**MEMBER NAME(S):**

**BIRTHDAY MONTH:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT:**

**Name:** \_\_\_\_\_

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

The undersigned applicant, in consideration of accepting this entry, does for himself/herself, his/hers heirs, executors, and assigns, waive and release Mountain Valley Trail Riders, Inc. and all individual members thereof, and all other persons, regardless of their capacity in any way connected with the Club described herein, their representatives, heirs, executors, administrators, and assigns from any and all rights, claims, or liability of any kind or nature that he/she might have. Further, he/she acknowledges that said release will extend to any accidents, damages, or claims arising out of the Club activities by his/her acts of anyone or any animal.

**Applicant's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**If Youth, Parent or Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Make checks payable to:**

**MOUNTAIN VALLEY TRAIL RIDERS, INC.**

**Mailing address:**

**PO BOX 752, WASHINGTON, PA 15301**

<b>Office Use Only</b>	<b>Check #</b> _____	<b>Amount Rcvd</b> _____	<b>Date Rcvd</b> _____
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