

Membership Application and/or Renewal Form 2024

Tuckahoe Equestrian Center
Membership Chairman, Mandy Wolfe

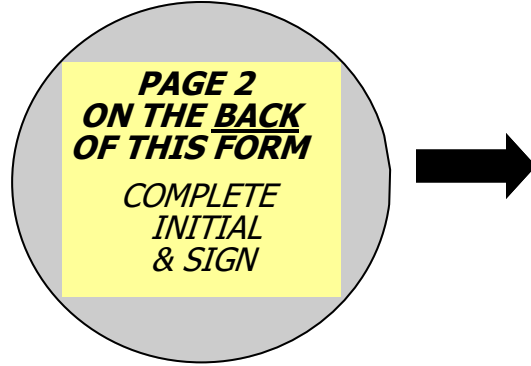
Name: _____

Address: _____

Home phone: _____

Cell phone: _____

E-mail: _____



**** Newsletters will be e-mailed unless U.S. mail requested.**

_____ **Check here to receive newsletter by U.S. mail, and add \$10 to Membership fee to cover postage costs.**

TWO PAGES! PLEASE SEE PAGE 2

I have enclosed my membership fee as indicated below. I understand I will receive a newsletter following each meeting of the members and that I may participate in all T.E.C.-sponsored activities, having completed and signed the back of this form. NOTE: A MEMBERSHIP YEAR IS ONE CALENDAR YEAR: January 1 - December 31

_____ I am a new member. _____ I am renewing my membership.

*Renewal membership fees are due prior to March 30 of each calendar year.
New membership fees received after October 1 will be applied to the upcoming full year's membership.*

Check one: **(NOTE CHANGES)**

_____ Individual Membership **\$30.00 (18 years old or older)**

_____ Family Membership **\$40.00** (One or two adults and any minor children under 18 **residing in same household**)

I would like to make an additional donation of \$ _____. I understand that the Tuckahoe Equestrian Center is an all volunteer organization and that my donation is tax deductible.

Please contact me if I can be of assistance to the club in the following ways: (Check all that apply.)

_____ grounds & arena upkeep
_____ club house maintenance
_____ carpentry work
_____ event leader/ assistant
_____ provide farm equipment

_____ publications/ advertising
_____ grass mowing
_____ painting
_____ trail ride leader/ assistant
_____ parade participant

_____ trail maintenance
_____ fundraising
_____ meeting refreshments
_____ archives & photo history
_____ strong back

Other...I can do the following: _____

PLEASE TURN OVER AND COMPLETE PAGE 2
SEND COMPLETED FORM & CHECK (payable to T.E.C.) TO:
TUCKAHOE EQUESTRIAN CENTER
Membership Chairman, Mandy Wolfe
P.O. Box 3043, Easton, MD 21601

Page 2 Please complete **SIGN AND INITIAL** where indicated.

*If you are applying for a family membership, all family members must sign below. (One or both parents must sign on behalf of their minor children.)

***THIS LIABILITY RELEASE MUST BE SIGNED BY NEW MEMBERS
AND ANNUALLY BY ALL RENEWAL MEMBERS***

Each member listed below will receive a separate membership card.

RELEASE OF LIABILITY

I, the undersigned, on my own behalf and on behalf of my minor child/children, acknowledge that:

I am aware that horseback riding or driving a horse drawn vehicle is a dangerous activity. I acknowledge that horses are animals, and as such are unpredictable and easily startled. I acknowledge that I am aware that serious injury and/or death may occur in an accident sustained in riding or driving horses. I am aware that the TUCKAHOE EQUESTRIAN CENTER FOUNDATION, INC., (hereinafter sponsor), the organization sponsoring and holding **2024** horseback riding or driving activities, has the right to turn down my request to participate in all or any one or more of the **2024** scheduled activities.

In consideration of being allowed to participate in the **2024** activities conducted by or under the sponsorship of the TUCKAHOE EQUESTRIAN CENTER FOUNDATION, INC., I, the undersigned, on my own behalf and on behalf of my minor child/children participating in the sponsor's activities, agree to defend and hold harmless the TUCKAHOE EQUESTRIAN CENTER FOUNDATION, INC., and the STATE OF MARYLAND, owner of the grounds, from any claim, loss or injury which may be alleged to have been caused to any person or thing by the act or acts of my horse or my child's horse while engaged in the sponsored activities, or while on the grounds upon which the activities are conducted. I further agree that in consideration of being allowed to participate in the **2024** activities, I shall hold harmless the aforementioned parties from the loss of or injury to my horse, my child's horse, or other personal property, whether the loss, damage or injury is caused or alleged to be caused by the negligence of the sponsor, sponsor's agent, or owner of the grounds.

I hereby assume sole responsibility for and agree to defend and hold harmless the aforementioned parties from any and all loss and expense, including legal fees, for injury, including death, sustained by any person or persons, including myself and my child/children arising out of and as a consequence of participation in the sponsor's activities.

I hereby certify, under penalty of perjury, that: I am covered by medical/hospitalization insurance OR I am self insured, and/or understand that I am solely responsible for my own medical bills due to injury received while participating in a Tuckahoe Equestrian Center Foundation, Inc.-sponsored activity. _____ ◀ **(INITIAL)**

COVID-19 AND INFECTIOUS DISEASE DISCLOSURE AND RELEASE:

Please note due to Covid-19 Pandemic my participation in any of our events is voluntary on my part. Tuckahoe Equestrian Center and the State of Maryland will not be held responsible for any illness, hospital visit/stay or injury from this infectious disease. _____ ◀ **(INITIAL)**

As witness my hand and seal this _____ day of _____, _____.
(date) (month) (year)

PRINT NAME THIS SIDE

SIGNATURE HERE (Indicate if parent or child)

