



Maybury State Park Trail Riders

Membership Application

www.mayburytrailsriders.org

- Protect our Rights to Use the Horse Trails
- Help Ensure Safe Trail Conditions
- Learn about Horse Related Issues
- Enjoy You Horses with Old and New Friends

Member Name: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____ Email: _____

Spouse: _____ Other: _____

Children(Names/Ages) _____

Mail check payable to: Maybury State Park Trail Rider
Assn/MSPTRA, 6639 Golf Club Rd., Howell, MI 48843

Membership is for the calendar year expiring on 12/31 – it does not include
any DNR State Park Entry Fee.

Single: \$15 per year _____ Family: \$20 _____

*Note: Your membership will only be processed once you have signed the
liability waiver either on the back or attached to this form.*

**VOLUNTARY RELEASE OF LIABILITY
AND WAIVER OF LEGAL RIGHTS**

I/WE, the undersigned, do hereby agree willfully and voluntarily to release **MAYBURY STATE PARK TRAIL RIDERS ASSOCIATION** from any and all liability resulting from personal injury, property damage, or property loss occurring as a result of my or my family's membership in the Association or my participation or participation of members of my family, minor children included, in any event sponsored in whole or in part by **MAYBURY STATE PARK TRAIL RIDERS ASSOCIATION** for the duration of my membership. I/WE fully indemnify release **MAYBURY STATE PARK TRAIL RIDERS ASSOCIATION** from all claims, legal or otherwise, which I/WE may have now or in the future resulting from the negligence of **MAYBURY STATE PARK TRAIL RIDERS ASSOCIATION**, its members and / or volunteers in conjunction with my membership or Association-related events. I/WE understand that equine activities are risky by their very nature and agree to undertake full responsibility for said risk on my behalf, as well is on behalf of my minor child/children, legal wards, heirs, representatives and assigns.

Under the Michigan Equine Activity Liability Act, 1994 PA 351, an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity.

I/WE further agree that this release and waiver constitutes a waiver of liability beyond the provisions of the above-cited Michigan Equine Activity Liability Act. This release and waiver shall remain in effect for all claims arising under its terms for the entire duration of my membership, regardless of my or my child's level of participation in the Association or Association-related event. I/WE also agree that if any portion of this release and waiver is struck down by the court of law, the remaining terms shall remain binding.

MY SIGNATURE BELOW IS PROOF THAT I HAVE CAREFULLY READ THIS DOCUMENT, I HAVE HAD AN OPPORTUNITY TO REVIEW IT WITH MY ATTORNEY OR HAVE VOLUNTARILY WAIVED THAT RIGHT. I/WE UNDERSTAND THAT I AM WAIVING CERTAIN LEGAL RIGHTS, AND I/WE WILLINGLY AGREE TO DO SO.

(All adult members must sign this release. Failure to sign will result in the denial of your membership application and return of your dues payment.)

Signature

Date

Signature

Date