

**Fairfield Bridle Trails Association**  
**P.O. Box 515, Fairfield CT 06824**  
**www.fairfieldbridletrails.org**

Thank you for your interest in supporting the Fairfield bridle trails. Your contribution will help us keep the tradition of horsemanship alive in Fairfield County. Members will receive a car or trailer sticker, our newsletter, and invitations to FBTA events. Please refer to our new website for more information about the FBTA.

**2008 MEMBERSHIP DUES**  
**Riders\* or Supporting Non-Riders**

<input type="checkbox"/> \$	Benefactor (please specify amount)	<input type="checkbox"/> \$100	Family (# of family members _____ )
<input type="checkbox"/> \$250	Sponsor	<input type="checkbox"/> \$ 50	Individual
<input type="checkbox"/> \$150	Trail Blazer	<input type="checkbox"/> \$ 35	Junior (under 18)

*\*All riders must complete the Release and Waiver of Liability Form attached.*

Please make your check payable to: Fairfield Bridle Trails Association.  
 All contributions are tax deductible.

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

\_\_\_ sign me up for the new FBTA directory! (distributed to members only)

**MEETINGS and COMMITTEES**

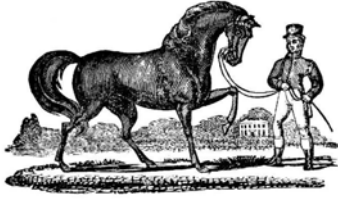
I prefer meetings: \_\_\_ week days \_\_\_ evenings \_\_\_ weekends

I would like more: \_\_\_ group rides \_\_\_ social events \_\_\_ speakers \_\_\_ riding clinics

Sign me up for the: \_\_\_ trail maintenance and organized rides committee

\_\_\_ special events committee \_\_\_ hunter trials committee

***Thank you for your support!***



*Fairfield Bridle Trails Association*

**RELEASE AND WAIVER OF LIABILITY FOR RIDERS**

**Please sign and return to:**

**FBTA**

**P.O. Box 515**

**Fairfield, CT 06824**

I, \_\_\_\_\_, am aware that horseback riding poses potentially serious risk of injuries to participants. I understand that my horse or I or anyone riding with me may be injured as a result of my negligence, the negligence of others, or through no fault of myself or anyone else, because of the nature of the activity in which I am going to be engaged. I also understand that horses, even the most well trained, are often unpredictable and often difficult to control.

With the knowledge of the foregoing, and as an inducement for the Fairfield Bridle Trail Association (FBTA) and the landowners (over whose property the FBTA bridle trail network passes) to allow me to ride on their grounds and trails, I hereby agree to waive or release (give up) any and all rights that I or my heirs may have, to make a claim against the FBTA, its members, directors, officers, or the landowners arising from any damages, injury or death which I might sustain or which might occur to any horse I am riding as a result of my horseback riding activity (which activity may include, but is not limited to riding over fences, walls, natural and/or man made jumps, water courses and other obstacles, as well as over or through steep, densely foliated and or rough terrain). I further agree to indemnify (hold harmless) all of the foregoing from any claims which I or any guest of mine might make or which might be made on my behalf of any guest of mine, or which might be made against me by others, arising from riding on the FBTA bridle trail network or on private lands or public roads used by the FBTA.

BY SIGNING THIS RELEASE AND WAIVER, I UNDERSTAND THAT I AM GIVING UP (WAIVING OR RELEASING) ANY RIGHT I HAVE TO SUE OR MAKE ANY CLAIM WHICH I MIGHT HAVE OR WHICH MIGHT SUBSEQUENTLY ARISE OR OCCUR AGAINST THE FBTA AND THE LANDOWNERS AND THE MEMBERS AND PARTICIPANTS FOR ANY INJURIES WHICH I MIGHT SUSTAIN WHILE HORSEBACK RIDING AND/OR PARTICIPATING IN ANY WAY IN ANY FBTA EVENT. AND I UNDERSTAND THAT I AM INDEMNIFYING (HOLDING HARMLESS) THE FBTA FOR INJURING ANYONE ELSE OR ANY HORSE RIDDEN BY ANOTHER WHILE SO ENGAGED. IT IS MY INTENT TO GIVE UP THOSE RIGHTS AND I DO SO KNOWINGLY AND VOLUNTARILY. I FURTHER AGREE TO PAY ALL LEGAL FEES CONNECTED WITH MY BREACH OF THIS DOCUMENT, IF ANY ARE INCURRED.

This Release and Waiver of Liability claim has been read and carefully and clearly represents my intent when signing it.

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**Signature**

**Date**

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**If a minor, parent or guardian must sign**

**Date**