

Office Use  
 Date: \_\_\_\_\_  
 #: \_\_\_\_\_  
 \$: \_\_\_\_\_



Office Use  
 #: \_\_\_\_\_  
 Date Expired: \_\_\_\_\_

PO Box 570, Clarion, PA 16214

**Membership Application**

(make checks payable to the above)

Membership Dues \$40/year

New Member       Renewal

NAME: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ EMAIL: \_\_\_\_\_

- |   |         |        |
|---|---------|--------|
| Would you be willing to accept an office position if nominated? | Yes ___ | No ___ |
| Would you be willing to help with fundraising events?           | Yes ___ | No ___ |
| Would you be willing to volunteer at club-sponsored events?     | Yes ___ | No ___ |
| Would you be willing to help maintain trails?                   | Yes ___ | No ___ |
| Do you have Liability Insurance?                                | Yes ___ | No ___ |

Membership includes applicant and spouse, or significant other, and children age 17 and younger. Children will lose membership privileges the next annual renewal of membership following their 18th birthday and will be required to obtain their own membership.

Please list Name and Date of Birth of all those who will be included in your membership:

Name	Birthdate	Name	Birthdate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By signing I hereby apply for membership in the Piney Rail Riders and agree to abide by all club rules and bylaws with the intent to be legally bound by this application under the uniform written obligations act of the Commonwealth of Pennsylvania. I acknowledge that my participation in club activities entails known and unanticipated risks that may cause physical or emotional injury, paralysis, death, or damage to myself, to property, or to third parties. I will rely on my own judgement and ability while participating . I accept and assume full responsibility of injury or damage arising out of such participation. My participation in club activities is purely voluntary and I elect to participate in spite of all risks. I hereby release Piney Rail Riders, its Landowners, membership and officers of and from any liability for personal injuries or property damage incurred as a result of such participation. I will not bring any legal action against, or make any claim whatsoever against Piney Rail Riders, or to any Landowner, organizers, sponsors or volunteers of club events, as a result of such participation. I certify that I have adequate insurance to cover any injury or damage I may cause or suffer while participating in club activities or else I agree to bear the costs of such injury or damage myself. Upon signing this application, parent(s) or guardian(s) of minor children consent to their children's participation in club activities and agree to assume all responsibility and liability for personal injury or property damage of or to their children or personal property.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_