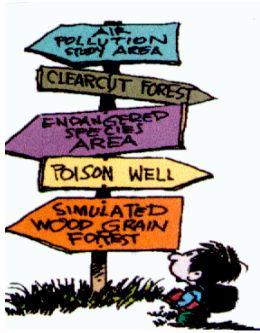


SSRT# _____ SSRT# _____ SSRT# _____ SSRT# _____ SSRT# _____ SSRT# _____

PLEASE CHECK ONE BOX
 NEW
 RENEWAL

NON-MOTORIZED APPLICATION





Membership Application
 P. O. Box 314
 Clarence, PA 16829
SSRT Website: <http://www.ssrt.org/>

Make Checks Payable to
 Snow Shoe Rails to Trails

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

Desired Use — Check all that apply

Horse Back Riding	Hiking
Walking	Running
Skiing	Biking

Individual (\$10.00) _____ Family (\$15.00) _____ Corporate (\$) _____

1. That they will abide by all PA State, local, SSRT rules and regulations including current PA State ATV/Snowmobile law.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injuring including permanent disability and death, and severe social and economic losses, which might result not only from their own actions, inactions or negligence of others, or the conditions or the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue the Snow Shoe Rails to Trails Association or any of it's administrators, workers, directors, volunteers, agents, and other employees of the organization, sponsoring agencies, sponsors, advertisers, owners lesser all of whom are herein referred to, "releases", from demands, losses or damages on account of injury, including death or damage to property caused in whole or part by negligence of the release or otherwise.

 Name

 Date



Snow Shoe Rail-Trail, is an equal recreational opportunity Trail System