Lower Connecticut River Valley Horsemen's Club
2007

Dear Friend,
Maybe you are already a member of our club and wish to continue or maybe you've been searching for people that you could talk with about horse related issues. Either way, we want you to be a part of our commitment to establish a great relationship with our horses *and* the community around us.

Today, we invite you to join this enthusiastic group of local equestrians dedicated to educating our members about all aspects of equine ownership, care and riding, and promoting trail access by maintaining trails, and educating equestrians and the community about trail sensitivity and responsibility. Our club works with other organizations to ride and preserve the trails that are still available to us. We are pleased to support, and take part in, the newly formed Connecticut Horse Council Volunteer Horse Patrol. Patrol riders along with our members (sometimes one and the same) are opening communications with the DEP and other trails users. Our two Hunter Paces, active trail maintenance programs and other activities gain us rare access to private acreage in addition to trails in state land.

The membership benefits are many. Our monthly meetings often have a presentation or topic and are always lively. You will be kept up to date with a monthly newsletter outlining the meeting agenda, calendar, trail organization news or legislation, member news or classifieds and any other related information available. You are invited to attend member-only rides and special events or clinics. You are encouraged to take part in our hunter paces and other rides by helping with planning, volunteering time on that day and of course, riding in the event.

Join today and you can enjoy our many educational and fun, equestrian activities that also expand our vision of ever increasing accessibility to trail for safe, multi-use (including equestrian, of course) activity. Your dollars will help us:

Sponsor LCRVHC Hunter Pace events
Subsidize equestrian clinics, educational seminars and member-only rides.
Provide maintenance and enhancements on the fragile network of forest trails we currently use and plan for future expanded trail use.
Support the CHC Volunteer Horse Patrol
Promote our efforts through our monthly meetings and newsletters and web site.

Thank You,
Carrie Wind
LCRVHC Secretary , P.O. Box 657, Killingworth, CT 06419
Email: lcrvhc@sbcglobal.net web site: www.lcrvhc.org

Release and Waiver of Liability Agreement

(please sign and return to the LCRVHC along with your membership application)

Pursuant to the Connecticut House Bill No.6357 Public Act No. 93286, I acknowledge the inherent risks involved in riding, working around or being in close proximity to horses, which risks include bodily injury to either horse or person. 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 Lower Connecticut River Valley Horsemen's Club, Inc. (hereafter referred to as LCRVHC) including but not limited to the officers, members, participants, volunteers, and landowners for any injuries or damage which I or my family might sustain while horseback riding, driving or attending/participating in any LCRVHC event, meeting or activity. I am also 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 LCRVHC including but not limited to the officers, members, participants and landowners for any injuries or damage which my property or property in my possession might sustain while I am horseback riding, driving, or attending/participating in any LCRVHC event, meeting or activity. I understand that I am indemnifying (holding harmless) the LCRVHC including but not limited to it's officers, members, participants, volunteers, landowners and organizers of this event and landowners and any horse ridden, driven or handled by another, and the owner or handler while so engaged in the event, meeting or activity, of any injury to myself: my family, my property and or others. It is my intent to give up the rights provided by law and release the LCRVHC including but not limited to it's officers, members, participants, volunteers and landowners, (the releasees) from all claims for bodily injury, death or property damage, including without limitation, claims arising in whole or in part from the releasee's own negligence. I do so knowingly and voluntarily. I further agree to pay all legal fees, if any are incurred.

I also understand that the landowners of the land on which we travel, park, cross or prepare or wait for any part of the event, receive no part of the fees charged for this event and that they are not paid by the LCRVHC for the use of their land.

This release and waiver of liability claim has been read carefully and clearly represents my intent by signing it.

Please print name after signature

_____

Signature of primary member. If a minor (under 18), a parent or legal guardian must sign)

_____

Signature of Spouse (If he or she might take part or attend any event, meeting or activity)

_____

Signature of parent or legal guardian of any minor (under 18) family member that might be involved in any event, meeting or activity

_____

Name(s) of children-please print

_____

Date

(Revised 12128/03)

Mail to: LCRVHC, P.O. Box 657, Killingworth, CT 06419

Email: lcrvhc@sbcglobal.net web site: www.lcrvhc.org

2007 Membership Categories

Lower Connecticut River Valley Horsemen's Club
P.O. Box 657 , Killingworth, CT 06419
www.lcrvhc.org

☐ Family $25

☐ Individual $15

☐ Enclosed is an additional amount of $_____
For our ongoing work to maintain and preserve trails.

☐ Yes, Please contact me for Volunteer Help. This is a working club and all members are encouraged to volunteer for committee chairs, trail maintenance, or events organizing, help and/ or food donations.

☐ I would like to receive my newsletter by email.

Please print, we often have a challenging time translating your information.

Names):_____

Mailing Address:_____

City:_____ State:_____ Zip Code:_____

Home Ph:_____ Wk Ph:_____ Cell:_____

Email: _____ Renewal: _____

If you do not include your email address , you will not receive our up-dated information and reminder blasts.

New Member:_____

Sign and date the enclosed Release and Waiver of Liability and fill out the information on this envelope or page. Return the release along with the membership payment so we can process your membership. Thanks for joining.

Membership benefits:

Informative Monthly Newsletter and Meeting
Privilege to participate in Members Only Rides
Advance notice of LCRVHC Clinics

Network with other equine enthusiasts (better known as horse lovers).
Learn about horse care, trails, events and much, much more!