Lower Connecticut River Valley Horsemen's Club

Please fill in all information and sign and date the Release and Waiver of Liability.
Mail completed page along with your payment to:
LCRVHC, P.O. Box 657, Killingworth, CT 06419

2026 Membership Categories

☐ Family $25 ☐ Individual $15 *office use:* Check amt. $ #

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

☐ Enclosed is a separate check to the Bridle Path Conservancy in the amount of $ _____ (*tax deductible*).

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

Suggest a program, ride or activity you would attend if the club offered _____

Name(s) _____

_____

(For family memberships please include all names; use a separate sheet if necessary)

Mailing Address _____

City _____ State _____ Zip code _____

Telephone (home) (____) _____ (cell) (____) _____ (work) (____) _____

E-mail _____ New Member ☐ Renewal ☐

Release and Waiver of Liability

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, and landowners; for any injuries which I might sustain while horseback riding, driving, or attending/participating in any LCRVHC event or activity. I understand that I am indemnifying (holding harmless) any horse ridden, driven, loose, or handled by another and the owner or handler while so engaged in the event of an injury to myself, my property and/or others. It is my intent to give up all the rights provided by law and release the club, landowners, etc. (the releasees) from all claims for bodily injury, death, or property damage, including without limitation, claims arising in whole or in part from the releasees' own negligence. I do so knowingly and voluntarily. I further agree to pay all legal fees pertaining to this event, if any are incurred.

LCRVHC is committed to safety. It is a membership requirement that all participants wear a riding helmet meeting ASTM/SEI standards when attending mounted meetings and events.

For Club Membership:

Signature of primary member _____ date ____/____/____
(If a minor, a parent or legal guardian must sign)

Signature of Spouse _____ date ____/____/____
(for family membership, parent of minor child of divorced member, etc.)

For Taking Part in an Event:

Signature of primary member _____ date ____/____/____
(If a minor, a parent or legal guardian must sign)

Everyone must complete:

Emergency contact information

Name(s) _____ Telephone(s) (____) _____ (____) _____
_____ (____) _____ (____) _____