Membership Application and/or Renewal Form

Tuckahoe Equestrian Center

2025

Membership Chairman, Mandy Wolfe	
Name:	PAGE 2
Address:	OF THIS FORM
Home phone:	COMPLETE INITIAL & SIGN
E-mail:	
** Newsletters will be <u>e-mailed</u> unless U.S. mail requested. Check here to receive newsletter by U.S. mail, and add \$10 to Membership fee to cover postage costs.	TWO PAGES! PLEASE SEE PAGE 2
I have enclosed my membership fee as indicated below. I unof the members and that I may participate in all T.E.Csponsor this form. NOTE: A MEMBERSHIP YEAR IS ONE CALENDALE	ored activities, having completed and signed the back of
	e prior to March 30 of each calendar year. ill be applied to the upcoming full year's membership.
	ears old or older)
Family Membership \$40.00 (One or tv	vo adults and any minor children under 18
residing in same household) I would like to make an additional donation of \$ Equestrian Center is an all volunteer organization and the slub in the sound state of the slub in the	hat my donation is tax deductible.
Please contact me if I can be of assistance to the club in	if the following ways: (Check all that apply.)
grounds & arena upkeep publications/ club house maintenance grass mowin carpentry work painting event leader/ assistant trail ride lead provide farm equipment parade partic	g fundraising meeting refreshments der/ assistant archives & photo history
OtherI can do the following:	

PLEASE TURN OVER AND COMPLETE PAGE 2

SEND COMPLETED FORM & CHECK (payable to T.E.C.) TO:

TUCKAHOE EQUESTRIAN CENTER Membership Chairman, Mandy Wolfe P.O. Box 3043, Easton, MD 21601

Page 2 Please complete SIGN AND INITIAL where indicated.

*If you are applying for a family membership, <u>all</u> family members must sign below. (One or both parents must sign on behalf of their minor children.)

THIS LIABILITY RELEASE MUST BE SIGNED BY NEW MEMBERS AND ANNUALLY BY ALL RENEWAL MEMBERS

Each member listed below will receive a separate membership card.

RELEASE OF LIABILITY

I, the undersigned, on my own behalf and on behalf of my minor child/children, acknowledge that:

I am aware that horseback riding or driving a horse drawn vehicle is a dangerous activity. I acknowledge that horses are animals, and as such are unpredictable and easily startled. I acknowledge that I am aware that serious injury and/or death may occur in an accident sustained in riding or driving horses. I am aware that the TUCKAHOE EQUESTRIAN CENTER FOUNDATION, INC., (hereinafter sponsor), the organization sponsoring and holding 2025 horseback riding or driving activities, has the right to turn down my request to participate in all or any one or more of the 2025 scheduled activities.

In consideration of being allowed to participate in the 2025 activities conducted by or under the sponsorship of the TUCKAHOE EQUESTRIAN CENTER FOUNDATION, INC., I, the undersigned, on my own behalf and on behalf of my minor child/children participating in the sponsor's activities, agree to defend and hold harmless the TUCKAHOE EQUESTRIAN CENTER FOUNDATION, INC., and the STATE OF MARYLAND, owner of the grounds, from any claim, loss or injury which may be alleged to have been caused to any person or thing by the act or acts of my horse or my child's horse while engaged in the sponsored activities, or while on the grounds upon which the activities are conducted. I further agree that in consideration of being allowed to participate in the 2024 activities, I shall hold harmless the aforementioned parties from the loss of or injury to my horse, my child's horse, or other personal property, whether the loss, damage or injury is caused or alleged to be caused by the negligence of the sponsor, sponsor's agent, or owner of the grounds.

I hereby assume sole responsibility for and agree to defend and hold harmless the aforementioned parties from any and all loss and expense, including legal fees, for injury, including death, sustained by any person or persons, including myself and my child/children arising out of and as a consequence of participation in the sponsor's activities.

I hereby certify, under penalty of perjury, that: I am covered by medical/hospitalization insurance OR I am self insured, and/or understand that I am solely responsible for my own medical bills due to injury received while participating in a Tuckahoe Equestrian Center Foundation, Inc.-sponsored activity. ______ (INITIAL)

COVID-19 AND INFECTIOUS DISEASE DISCLOSURE AND RELEASE:

Please note due to Covid-19 Pandemic my participation in any of our events is voluntary on my part. Tuckahoe Equestrian Center and the State of Maryland will not be held responsible for any illness, hospital visit/stay or injury from this infectious disease. ______ (INITIAL)

I have read and understood this document:

Date: ______

PRINT NAME THIS SIDE ______ SIGNATURE HERE (Indicate if parent or child) _______