

Member number \_\_\_\_\_ Year \_\_\_\_\_ Date submitted \_\_\_\_\_



# Douglas County Trail Riders

## Membership Application

New \_\_\_\_\_ Renewal \_\_\_\_\_ Single (\$30) \_\_\_\_\_ Family (\$45) \_\_\_\_\_ Number in family? \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

For Family Memberships:

Spouse Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Family member names, ages: \_\_\_\_\_

Would you like to receive the DCTR Newsletter? Snail mail \_\_\_\_\_ Email \_\_\_\_\_ none \_\_\_\_\_

Would you like to receive text message alerts? Yes \_\_\_\_\_ No \_\_\_\_\_

As a member of DCTR we hope you will be willing to help out with some events. For which events can we expect your name to be on the volunteer list? Horse Shows: \_\_\_\_\_ Trail Rides: \_\_\_\_\_ Concessions: \_\_\_\_\_ Parades: \_\_\_\_\_ Clinics: \_\_\_\_\_ Parties/Social Activities: \_\_\_\_\_ Play Days: \_\_\_\_\_ Maintenance: \_\_\_\_\_

- Pursuant to The Equine/Livestock Liability Act (KSA Ch.290) I understand there are inherent risks within equine related activities and accept the responsibility of myself, my children or those for which I am legal guardian, in engaging in domestic animal activities.
- By becoming a member of Douglas County Trail Riders, I accept the responsibilities outlined in the By-Laws

Excerpt from By-Laws of Douglas County Trail Riders, Inc.: Article IV. Responsibility

1. Each member of the club must assume the responsibility to attend as many Club functions as possible.
2. Members shall assist in Club planning and property maintenance as much as possible.
3. Conduct must be above reproach in sportsmanship, showing, or the recreational use of horses.

**DOUGLAS COUNTY TRAIL RIDERS, Inc. AND ITS BOARD MEMBERS ARE NOT RESPONSIBLE FOR ACCIDENTS OR INJURIES OR LOSS TO HORSES, RIDERS, EQUIPMENT OR SPECTATORS.**

Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Please Make Checks Payable to: **DCTR or Douglas County Trail Riders**  
Mail Form with Payment to: **DCTR, P.O. Box 3222 Lawrence, KS 66046**

**Treasurer Use:** Date \_\_\_\_\_ Check # \_\_\_\_\_ Cash \$ \_\_\_\_\_ Received by \_\_\_\_\_