



Pittstown Trail Association 2026 Membership Application

Membership in the PTA is open to all equestrians in the greater Pittstown area plus lovers and supporters of horses. As a PTA member, you will receive a tag granting you access to PTA trails. Additional membership benefits include group rides where you can learn the trails throughout our community and meet fellow equestrians. You will be invited to attend the networking meetings and our yearly landowner's party. There will be additional events planned throughout the year that you will be able to attend to enhance your equestrian experience.

To preserve the privacy of landowners, the PTA does not publish trail maps. Your best way to learn the trails is to take part in as many of our trail clearings as possible and participate in the group rides. Members of the Board of Governors will also provide trail locations and information. Each member must hold and **show proof** of a current one million dollar personal liability insurance policy through their homeowner's insurance or membership and insurance through USEF.

***All memberships run for the calendar year, January-December 2026**

Your Name: _____ **Telephone:** _____
Home Address: _____
Email: _____

If you live in the Pittstown area, does a trail cross your land? ____Yes ____ No Do you keep your horse at home ____Yes ____No

If not, where? Farm Name _____ Farm owner _____ Phone _____

Please list all family members (residing at the above address) who may be using the PTA Trails and their relation to you:

1. _____/_____
2. _____/_____
3. _____/_____
4. _____/_____

Please choose Membership:

\$ 45 Individual \$ 65 Family \$ 25 Social (No Trail Access)
\$ 20 **OPTIONAL** Trail Maintenance Fee \$ 20 **OPTIONAL** Trail Fee No proof of Insurance needed
\$ _____ **Total amount enclosed** \$ _____ **Total amount enclosed** \$ _____ **Amount enclosed**

Please make checks payable to the Pittstown Trail Association.

We need and welcome you as a PTA volunteer! Please indicate your interest....

____ Trail clearing _____ Fundraising
____ Hospitality _____ Other: _____
Availability? ____ Weekends ____ Weekdays

I hereby acknowledge that I have read the Pittstown Trail Association Rules of Conduct. I agree, on my behalf and that of any/ all family and guest members for whom this application is made, to abide by these rules. I understand that any rule infraction by me, my family members or my guests may be grounds for membership termination. Further, I understand that horseback riding is an assumed risk activity, and I hereby release from any and all liability the Pittstown Trail Association, its members, its Board of Governors and officers, and landowners and agencies holding properties through which PTA trails pass. Finally, I agree to comply with the provisions of the NJ Equestrian Activities, Responsibilities and Liabilities act (NJS 2A:15-5.1 et sq.). WARNING: UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES PURSUANT TO P.1.,1997,c.287(C5:15-1 et sq)

Signature: _____ Date: _____

Before Mailing please be sure you have done the following: Your TAGS will not be issued until you have!

____ Filled out the form and signed it (pg.1)
____ Signed and submitted a Release form **For each member listed on this form** (pg.3)
____ Submit proof of USEF 2025 membership/insurance **or** homeowner's policy with a \$1 million liability coverage

**Please Send form, release, proof of insurance and check made out to The PTA to:
Pittstown Trail Association – C/O Dee Ely 115 Kingwood Locktown Rd. Stockton, NJ 08559**

**Regrettably horses pulling carts/carriages are not permitted on the Pittstown Trail Association*

Pittstown Trail Association

PO Box 10

Pittstown NJ 08867

pittstowntrailassociation.org

Lifetime Indemnity Agreement

- Section 1 Pittstown Trail Association is a non-profit entity that has organized a network of private and public Landowners (herein referred to as "Landowner") who have generously and voluntarily given members in good standing of the Pittstown Trail Association consent to cross their land. This consent may be rescinded at any time, for any reason.
- Section 2 The undersigned, in order to access these lands, agrees without censure to all elements herein. If, at any time, the undersigned does not or cannot agree to any element(s) of this liability release, the undersigned revokes membership by the very act and must cease immediately any activity accorded members in good standing.
- Section 3 In consideration of any Landowner granting the undersigned permission to enter upon the Landowner's property and/or allowing the undersigned to participate in activities of any type, equestrian or not, on its premises, the undersigned hereby assumes any and all risk of loss or injury to the undersigned's person and/or property, whether anticipated or unanticipated, arising from such entry upon the Landowner's premises and/or the undersigned's participation in any activities.
- Section 4 The undersigned further agrees to indemnify the Landowner(s), renters, agents, servants and employees and to hold same harmless from any and all claims, demands, actions, expenses or liabilities (including attorneys' fees and court costs) for any injury or damage to the undersigned and/or the undersigned's property, arising out of the undersigned's entry onto the Landowner's premises and/or participation in activities and/or arising out of any act or acts of anyone or any animal involved.
- Section 5 The undersigned, or if a minor, the parent or guardian of the undersigned, hereby states that he/she understands that there are potential risks and hazards, including death, associated with, and are an integral part of, horseback riding. These risks are not limited to riding and can include any activity related to horses, including those related to the handling of horses, as well as the operation of facilities and equipment inherent with horses.
- Section 6 All risks and hazards are assumed by the undersigned, or if a minor, the parent or guardian of the undersigned. No guarantees, statements, or representations of any nature whatsoever are made by anyone, regardless of their affiliation with, or not, of the Pittstown Trail Association. This document is the only source of obligation, and no alterations may be made, either verbally or in writing.
- Section 7 Persons impaired by alcohol, drugs or medications shall not ride on nor take part in any activity on any Pittstown Trail Association designated member trails.
- Section 8 Pregnant persons should not ride on any Pittstown Trail Association designated member trails.
- Section 9 The undersigned must not trespass onto any part of any land not designated as trails or not expressly deemed permissible to traverse. It is the responsibility of the undersigned to ensure they are not trespassing.
- Section 10 Email addresses must be kept current in order to ensure prompt notification by Landowners or others of changes or closures in land access.
- Section 11 Non-members are not permitted on member designated trails.
- Section 12 Properly fitting ASTM/SEI approved helmets must be worn while mounted. Chin straps must be fastened. Any disregard of this requirement shall be considered voluntary and permanent revocation of membership in the Pittstown Trail Association.

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For Your Information

Horseback riding along the Alexauken Creek in Hunterdon County, which is a designated Wildlife Management Areas, is allowed only with a permit purchased (\$25.00 per person, per calendar year, plus \$2.00 application fee) from the Division of Fish and Wildlife's license Web site at www.wildlifelicense.com/nj/. For information, call 609-259-2132.

Permittees are responsible and liable for any damage which may occur and shall abide by regulations for use of Wildlife Management Areas.

Regulations for use of Wildlife Management Areas are established by the Division of Fish and Wildlife with penalties of not less than \$50 nor more than \$200. Information on these regulations and permit applications may be obtained by writing to the Division of Fish and Wildlife, PO Box 400, Trenton, NJ 08625-0400.

The Division may revoke any permit or other authorization issued for violation or due cause.

The undersigned declares under penalty of perjury under the laws of the State of New Jersey, that the foregoing is true and correct.

The undersigned hereby acknowledges that I have read the foregoing paragraphs and know and understand the contents thereof.

Adult members complete this section.

Print Name	Signature	Date
Print Name	Signature	Date

Minor members with parent / guardian complete this section.

If you sign this section as a parent / guardian, do not *also* sign above. Use another form for your adult membership.

The undersigned declares that the undersigned is the parent or legal guardian of the minor named below. The undersigned has read the foregoing Release and Indemnity Agreement and in consideration of the Landowners allowing such minor entry onto its premises and/or allowing such minor to participate in equestrian activities, hereby agrees that all of the terms and conditions contained herein shall apply to such minor and shall be binding upon the undersigned and the minor.

Print Parent/Guardian Name	Parent/Guardian Signature	Date
Print name of minor	Print name of minor	
Print name of minor	Print name of minor	

For Trail Association Use Only

Ck#

Tag #