



SouthEastern Association of Trailriders
PO Box 15042, Chesapeake, VA 23328
<http://www.seat-va.org>

Please fill in all blanks and print clearly.

NAME(S) _____

ADDRESS _____

City, State, Zip _____

PHONE(S) _____

EMAIL(S) _____

New Membership Renewal
 Individual @ \$20 Family @ \$30 No. of Members

Applications may be brought to the monthly meeting which is held on the first Monday of the month at 7:30 PM or may be mailed to: SEAT, P.O. Box 15042, Chesapeake, VA 23328.

With this waiver, I accept notice of the provisions of Section 3.1-796.130 through 3.1-796.133 of Code of Virginia, which state in part: That there are inherent risks in equine activities, including the propensity of equine to behave in dangerous ways, inability to predict an equine's reactions, and hazards of surface conditions. By initialing this form I understand that I am giving up any right I have to sue the Southeastern Association of Trailriders and it's board or members. _____

I (we) accept responsibility for my (our) actions, the actions of any minors for whom I am (we are) responsible, and any actions of my equine(s). I (we) have read the SEAT Trail Etiquette guidelines (another copy of which can be found at <http://www.seat-va.org/etiquette.htm>) and will adhere to the same.

Signature of each member over 18 years of age required.

Signature _____ Date _____

Signature _____ Date _____

TO BE COMPLETED BY THE TREASURER

DATE PAID _____ **AMT PAID** _____ **CHECK NO.** _____ **INDIVIDUAL or FAMILY**