

NEW HAMPSHIRE HORSE & TRAIL ASSOCIATION

TRAIL RIDE ENTRY BLANK

PLEASURE TRAIL RIDE – JUNE 20, 2010

Date _____

Ride Fee = \$30.00 (adults) \$25.00 (juniors)
Extra Meals @ \$5 ea. # _____ = \$ _____

TOTAL AMOUNT
DUE \$ _____

NAME OF RIDER _____

NAME OF HORSE _____

Complete Mailing Address _____

_____ Phone _____

Email _____

Mileage credit - check one _____ Long Loop _____ Short Loop

Member of NEW HAMPSHIRE HORSE & TRAIL ASSOCIATION ? _____

Member of New England Horse & Trail ? _____ NEHT Rider # _____ Horse # _____

WAIVER OF LIABILITY

Every entry at a recognized trail ride shall constitute an agreement that the person making it, and the horse, shall be subject to the constitution and the rules of NEW HAMPSHIRE HORSE & TRAIL ASSOCIATION [NHH&TA]. It shall further constitute that every horse and rider is eligible as entered, and that the owner and his/her representatives are bound by the decision of the hearing committee on any questions arising under said rules, and agree to hold harmless the ride, the NHH&TA and their officials, directors, and employees for any action taken.

I, my party, and my heirs, further agree that if any damage is occasioned by, or injury or loss occur to myself or the horse entered, or to any vehicle or other article or possession that I may send with such horse, that I will make no claims, either now or forever thereafter. I further agree to indemnify, forever, the ride, the Committee, NHH&TA, Ann Miles and the The Carriage Barn, LLC, and any other property owners and any participants in the event against all claims, demands, suits, and loss or damage to any property or person caused by myself, my horse, my attendants or my vehicle.

I understand that trail riding can involve being in remote areas for extended periods of time, far from communications, transportation, and medical facilities; and that these areas may have many natural hazards which ride management cannot anticipate, identify, modify, or eliminate; that horses can be excitable, difficult to control, and unpredictable; and that accidents can happen to anyone at any time.

Signature of Rider _____ Date _____

FOR MINORS signature of parent or guardian _____

Medical Waivers & Information *(This waiver is required for minors unaccompanied by parent)*

In case of injury to a minor, this authorizes NEW HAMPSHIRE HORSE & TRAIL ASSOC., or its agents to secure whatever emergency medical treatment is needed for my minor child entered in this event, with no liability whatsoever to NHH&TA, the owners of the properties, or anyone involved in this ride.

Signature of Parent/Guardian for minor child _____

Phone number where parent or guardian may be reached _____

FOR ALL RIDERS (This information could be of help in an emergency.)

List Allergies _____

Other Pertinent Information _____

Regular Doctor & Phone _____

Insurance Carrier _____

Name and Phone of nearest relative _____

Please return with payment to:

The Carriage Barn Therapy Program

6 Sarah's Way

Newton, NH 03858