

DERRY TRAIL RIDERS - RIDE ENTRY FORM . MAY 27, 2018

Date _____ Ride Fee = \$35.00 per adult rider or \$25.00 per junior (18 and under)
 Park Entry fee \$4.00 each person is included in the rider fee. Non riders must pay the fee
 (Park entry is free if you have a park plate or are NH resident 65+ check here _____)

Extra Meals = \$ 5.00 each #____@ \$5 = \$_____

NAME OF RIDER _____

NAME OF HORSE _____

Address _____

City/State/Zip _____ Phone _____

Email _____

Total Amount Due
Adult \$ _____
Junior \$ _____
Park Fee \$ _____
Extra Meal \$ _____
Total \$ _____

Please supply a CELL phone number and e-mail address for emergencies

Mileage Choice = ___Long Loop ___Short Loop (notify ride management if changed)

Member of NEW HAMPSHIRE HORSE & TRAIL ASSOCIATION ? _____

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

WAIVER OF LIABILITY

Every entry at this trail ride shall constitute an agreement that the person making it, and the horse, shall be subject to the constitution and rules of NEW HAMPSHIRE HORSE & TRAIL ASSOC. [NHH&TA]. It shall further constitute that every horse and rider is eligible as entered, and that the owner and his representatives are bound by the decision of the hearing committee on any questions arising under said rules, and agree to hold harmless the DERRY TRAIL RIDERS, INC. [DTR] & 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 DTR Ride Committee, NHH&TA, STATE OF NEW HAMPSHIRE DIVISION OF PARKS AND RECREATION and any 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 AND INFORMATION

→ → → → FOR MINORS

In case of injury to a minor, this authorizes DERRY TRAIL RIDERS, INC., or its agents to secure whatever emergency medical treatment is needed for my minor child entered in this event, with no liability whatsoever to DTR, the owners of the properties, or anyone involved in this ride.

Signature of Parent/Guardian for minor child _____ Phone _____

→ → → → FOR ALL RIDERS If you desire to give it, 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 _____

Return form together with fees to: *PAT DARMOFAL 12 KELLY ST., HAVERHILL, MA 01832*
MAKE CHECKS PAYABLE TO DERRY TRAIL RIDERS