

**DERRY TRAIL RIDERS - RIDE ENTRY FORM – Sept 25, 2022**

Date \_\_\_\_\_ Ride Fee = \$35.00 per adult rider or \$25.00 per junior (18 and under)

Extra Meals = \$ 5.00 each # \_\_\_\_\_ @ \$5 = \$ \_\_\_\_\_

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

NAME OF RIDER \_\_\_\_\_

NAME OF HORSE \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**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, TOWN OF CHESTER, SPRING HILL FARM 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: **JULIA WEBB, 620 FREMONT RD, CHESTER NH 03036**  
**MAKE CHECKS PAYABLE TO DERRY TRAIL RIDERS**