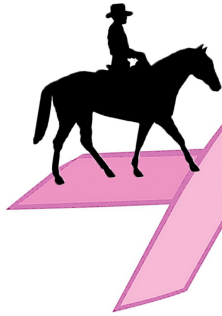


RIDE FOR A REASON



A Trail Ride for Breast Cancer

SATURDAY, October 14, 2023 (Rain date SUNDAY, October 15)
Avis Rosenfeld's HAYSEED FARM 193 Nottingham Rd. Deerfield NH
Fee \$45.00

Held with the deepest appreciation of ACS

NAME OF RIDER _____ HORSE Name _____ NHH&TA member: _____

Phone #1 _____ Phone #2 _____ Email _____

Mailing Address: _____

All Proceeds will benefit the ACS Making Strides Against Breast Cancer

Donate directly to our Making Strides Team: Ride4Reason through the website:

<http://main.acsevents.org/goto/Ride4Reason>.

Or

Make a check payable to: American Cancer Society (ACS)

and mail check and form to: Ride4Reason Coordinator
291 College Rd., Center Harbor, NH 03226,
Phone #603-387-2794 email: jmeloney@icloud.com

Or

Ride4Reason Coordinator
Avis Rosenfeld
193 Nottingham Rd, Deerfield, NH 03037
Phone #603.490.7068 email: ironshoes2013@gmail.com



All Snail Mail and Online Entries must be received by **October 10, 2023**

For more information go to: [Http://www.pride4reason.com](http://www.pride4reason.com)

WAIVER OF LIABILITY

Warning: Under New Hampshire Law, an equine professional is not liable for an injury to or death of, a participant, in equine activities resulting from inherent risk of equine activities. Pursuant to N.H. Rev. Stat. 508:19

Every entry at a recognized trail ride or club activity 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 organizers, property owners, 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 or barn activity, the Committee, and any other property/land owners and any participants in the event against all claims, demands, suits, 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.

Equine Clubs, associations and ride managers putting on organized rides cannot guarantee my safety or immunity from transmittable infections. With full appreciation of these facts, I voluntarily agree to participate in the ride and I knowingly and voluntarily:

- assume all risks associated with my participation at the ride, including but not limited to, the risk of illness, death, bodily injury, disability, or exposure of transmittable infections.
- waive and release organizers, the manager of the ride, all ride volunteers, agents, and attendees from all present and future claims of any type for any harm or loss, including but not limited to, economic loss, personal injury, disease, death, or property damage suffered by me as a result of my participation at the ride;
- agree to indemnify, hold harmless, and covenant not to sue organizers, the manager of the ride, all ride volunteers, agents, and attendees for any personal injury, death, medical expenses, disability, loss of capacity, property damage, court costs, attorney's fees, or other loss arising out of my participation at a ride.

By my signature below, I certify that have read and fully understand this Assumption of the Risk and Waiver of Liability (Agreement) and understand that it affects my legal rights. I understand and acknowledge that this Agreement shall be binding on me, my heirs, family, estate, representatives, and assigns. **If I am signing on behalf of a minor child, I fully intend that all such waivers be fully applicable to said child and I assume the risk of said child participating at the Ride.**

Signature of Rider _____ Date: _____

Printed Name of Rider: _____

Signature of Minor Parent/Guardian: _____ Date: _____

Printed Name of Minor Parent/Guardian: _____

All Riders should wear approved ASTM headgear.

Online or mailed registration is preferred.

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 _____

