

CANTER HUNTER PACE ENTRY FORM

All riders must sign the Release & Indemnity agreement on rear of form

DIVISION (circle one):

Hunter (faster time)

Trailblazer (slower time)

RIDER INFORMATION: PLEASE PRINT ALL INFORMATION CLEARLY

Rider/Participant Name: _____

Horse Name: _____

Address: _____

City/State/Zip: _____

Email Address* _____

*note that CANTER may add email addresses to our distribution lists. CANTER does not distribute email address lists to third parties.

Date of Birth: _____

Home Telephone: _____ Work Telephone: _____

Parent/Guardian Name (if Rider under 18): _____

Address of Parent/Guardian: _____

Telephone Number of Parent/Guardian: _____

TEAM INFORMATION: ALL TEAM MEMBERS MUST FILL OUT SEPARATE ENTRY FORMS

Rider #2 /Participant Name: _____

Rider #3 /Participant Name: _____

Rider #3 /Participant Name: _____

ADDITIONAL INFORMATION:

Is this your first time attending a CANTER NE Hunter Pace? Yes No

How did you hear about the event? _____

MAKE CHECKS PAYABLE TO: CANTER New England - Entry Fee: \$45/rider

WARNING: Under Massachusetts law, an equine professional is not liable for an injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 2D of chapter 128 of the General Laws.

Communication Alliance to Network Thoroughbred Ex-Racehorses (CANTER) of New England RELEASE OF LIABILITY

I hereby agree to indemnify and release CANTER New England, and all associated persons, agents and representatives from liability for any and all accidents or injuries sustained by me, my employees, heirs, dependents or guests, while participating in any equestrian-related activity sponsored by CANTER New England.

As an owner, student, spectator, employee, independent contractor, or parent, I/We, the undersigned, recognize that all equestrian-related activities are extremely dangerous, that accidents involving horses are frequent, that the condition of the land is often hazardous, and that the ring/ground footing is rarely perfect. In light of this knowledge, I/We undertake full responsibility for all harm that may come to me/ourselves, my/our stock, or property, and all of my/our associates, dependents, representatives and guests. /We further understand that wearing an approved hard hat is required at all times while mounted at the event venue. With full knowledge, I/We release the herein named CANTER New England from any and all responsibility for any and all accidents and injuries that may occur while either as a participant in, or spectator of any equestrian-related activity at the event venue. Signing this release implies that I/We have adequate medical and liability insurance/protection and that CANTER New England will assume no responsibility for horse or rider. Losses occasioned by the injury or death of rider, spectator, or horse is agreed to be covered by the insurance of the undersigned and it is further agreed that the undersigned's heirs, representatives, dependents or guests shall have no right or action against CANTER New England, or any of its agents, representatives or officers.

If the person is under 18 years of age, signature of the parent or guardian indicates acceptance of responsibility of said parent or guardian and release of liability of CANTER New England, its agents, representatives, officers or affiliates.

If damage is caused by, or to the undersigned's horse or horses (including, but not limited to, escape from enclosures), the undersigned takes full responsibility for damages to persons, property or other horses and agrees to indemnify CANTER New England, its agents, representatives and officers against liability for such damages.

The undersigned further agrees to indemnify CANTER New England against any liability for physical loss, or injury, or damage causing death, or making destruction necessary to the horse or horses of the undersigned. It is understood that CANTER New England assumes no responsibility for any personal property of the undersigned and any said property is stored on the event premises at the sole risk of the horse owner, caretaker or agent.

Under Massachusetts law, an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 128, Section 2D of the General Laws.

Signature: _____ Date: _____
(Parent/Guardian must sign if rider is under 18 years of age)

KING OAK FARM RELEASE & INDEMNITY AGREEMENT

I hereby agree to indemnify and release King Oak Farm, and all associated persons, employees, agents, and representatives from liability for any and all accidents or injuries sustained by me, my employees, heirs, representatives, dependents, or guests, while participating in any equestrian related activity at King Oak Farm... It is understood that wherever the words Stable Owner are used in this agreement, it includes landowners, stable owners, trainers, independent contractors, employees, and any other individual related to the ownership or management of the horse and training facility of King Oak Farm.

As an owner, student, contestant, spectator, employee, independent contractor, or parent, I/We, the undersigned, recognize that all equestrian related activities are extremely dangerous, that accidents involving horses are frequent, that the condition of the land is often hazardous, and that the ring/ground footing is rarely perfect. In light of this knowledge, I/We undertake full responsibility for all harm that may come to me/ourselves, my/our stock, or property, and all of my/our associates, dependents, representatives, and guests. I/We further understand that wearing an approved hard hat is required at all times while mounted on King Oak Farm property. With full knowledge, I/We release the herein named King Oak Farm from any and all responsibility for any and all accidents and injuries that may occur while either as a participant in or as a spectator of any equestrian related activity at King Oak Farm, or while training with trainers, independent contractors, or other individuals related to King Oak Farm.

Signing this release implies that I/We have adequate medical and liability insurance/protection and that King Oak Farm will assume no responsibility for horse and rider. Losses occasioned by the injury or death of rider, spectator, or horse is agreed to be covered by the insurance of the undersigned and it is further agreed that the undersigned's heirs, representatives, dependents, or guests shall have no right or action against King Oak Farm employees, independent contractors, landowners, or any of their insurance carriers.

If the person is under 18 years of age, signature of the parent or guardian indicates acceptance of responsibility of said parent or guardian and release of liability of the Stable/Owner and affiliated persons, as discussed above.

If damage is caused by or to the undersigned's horse or horses (including, but not limited to, escape from enclosures), the undersigned takes full responsibility for damages to persons, property, or other horses and agrees to indemnify King Oak Farm and affiliated persons against liability for such damages.

The undersigned further agrees to indemnify King Oak Farm against any liability for physical loss or injury, or damage causing death, or making destruction necessary to the horse or horses of the undersigned under the care of Stable Owner. It is understood that King Oak Farm. assumes no responsibility for any personal property of the undersigned and any said property is stored on the premises of King Oak Farm at the sole risk of the Horse Owner.

Under Massachusetts law, an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to Chapter 128, Section 2D of the General Laws.

PLEASE PRINT ALL INFORMATION CLEARLY

RIDER 1 EMERGENCY INFORMATION

Whom to Call In Case of Emergency: _____

Telephone: _____

Health Care Provider/Insurance #: _____

Allergies: _____

Alternate Emergency Contact and Telephone Number: _____

I, hereby grant King Oak Farm, or their agents, the right to seek any and all emergency treatment determined necessary to protect the health and well being of the above-named individual.

Signature: _____ Date: _____
(Parent/Guardian must sign if rider is under 18 years of age)