

MAUDSLAY STATE PARK EQUESTRIAN SPONSORED BENEFIT EVENT

ENTRY FORM . **NOVEMBER 8, 2015**

Fee = _____ \$25.00 per adult (\$5 off if received by Nov 1st)
_____ \$15.00 per junior (13 to 18 years of age)
_____ \$5.00 for kids (12 and under)

NAME OF ENTRANT _____ Age _____

Complete Mailing Address _____

_____ e-mail _____ Phone _____

Pre - entries please supply a phone number and/or e-mail address so we may contact you if necessary

I WILL BE _____ RIDING A HORSE _____ RIDING A BIKE _____ WALKING

NAME OF HORSE _____

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

WAIVER OF LIABILITY

Every entry at this event shall constitute an agreement that the person making it, and the horse if applicable, shall be subject to the rules and regulations of the Massachusetts Dept of Conservation and Recreation (DCR). It shall further constitute that every entrant and every horse and rider is eligible as entered.

I, my party, and my heirs, further agree that if any damage is occasioned by, or injury or loss occur to myself, any equipment I use or the horse entered, or to any vehicle or other article or possession that I may send, that I will make no claims, either now or forever thereafter. I further agree to indemnify, forever, the event, the Event Committee, the DCR 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 equipment, my horse, my attendants or my vehicle.

I understand that trail use and 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 event management cannot anticipate, identify, modify, or eliminate; I understand that horses entered in this event can be excitable, difficult to control, and unpredictable; and that accidents can happen to anyone at any time.

Signature of Entrant _____ Date _____

FOR MINORS signature of parent or guardian _____

Minors must be accompanied by a responsible parent or guardian

I would like to make an additional contribution to the support of Maudslay State Park and to the services and facilities it makes available to the public.

Additional donation attached in the amount of \$ _____

Do you want this additional donation to be anonymous ? _____

This donation is made in the name of _____

Return pre-entries to KIM HACKETT-ORT, 54 CONGRESS ST., SALISBURY, MA 01952
Make checks payable to MAUDSLAY STATE PARK ASSOCIATION