

# MAUDSLAY STATE PARK EQUESTRIAN SPONSORED BENEFIT EVENT

ENTRY FORM . **Sunday, October 29, 2017**

Fee = \_\_\_\_\_ \$30.00 per adult (\$5 off if received by Oct 21st)  
Includes Park entry fee

\_\_\_\_\_ \$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) New England Horse & Trail Association and New Hampshire Horse & Trail Association. 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