

# DERRY TRAIL RIDERS, INC. TRAIL RIDE ENTRY BLANK

## SEPTEMBER 11, 2011 TRAIL RIDE

Ride Fee = \$27.00 per adult rider or \$20.00 per junior (18 years of age and under )  
Extra Meals = \$ 5.00 each # \_\_\_\_ @ \$5 = \$ \_\_\_\_\_

Total Amount Due \$ _____
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NAME OF RIDER \_\_\_\_\_

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

Complete Mailing Address \_\_\_\_\_

\_\_\_\_\_ e-mail \_\_\_\_\_ Phone \_\_\_\_\_

***Please supply a phone number and/or e-mail address so we may contact you if necessary***

Mileage Choice = \_\_\_ Long Loop \_\_\_ Middle 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 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 DERRY TRAIL RIDERS, INC. (DTR) Ride Committee, NHH&TA, TOWN OF CHESTER NH, MANCHESTER WATER WORKS/CITY OF MANCHESTER 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.

The undersigned acknowledges and fully understands that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death and severe social and economic losses which might result from their own actions or inactions, from the actions or inactions of others, or from other risks not known to us or reasonably foreseeable at this time. Said undersigned assumes all the foregoing risks and accepts personal responsibility for the damages following such injury, permanent disability or death. Said undersigned has read and signed this Waiver and Release voluntarily and understands that he or she has given up substantial rights.

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 \_\_\_\_\_

A medical waiver for minors and a medical questionnaire for all riders are on the back of this form.

Please also sign the City of Manchester waiver below. We will be using municipal land requiring special permission.

### ***CITY OF MANCHESTER, NH WATER WORKS LIABILITY WAIVER FORM EVENT /ACTIVITY DERRY TRAIL RIDERS ANNUAL FALL TRAIL RIDE***

NAME \_\_\_\_\_ FEMALE \_\_\_\_\_ MALE \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_

In signing this liability waiver form, I, for myself, my heirs, my executors, and administrators, release the Manchester Water Works and the City of Manchester from any and all liability in case of death or injury received during participation in the above named event.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

➔ Note - If the participant is a minor, this form must be signed by parent or guardian.

## Medical Waivers & 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 number where parent or guardian may be reached \_\_\_\_\_

### ☒ FOR ALL RIDERS

List Allergies \_\_\_\_\_

Other Pertinent Information \_\_\_\_\_

Regular Doctor & Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Name and Phone of nearest relative \_\_\_\_\_

If you desire to give it, this information could be of help in an emergency.

Return form together with fees to: **KAREN WOOD, 180 MAIN ST., ATKINSON, NH 03811**  
**FOR INFORMATION CALL 603-362-4210 (HOME) 603-475-3685 (CELL)**

**DEADLINE FOR MEAL RESERVATIONS IS SEPTEMBER 9, 2011**  
**PLEASE MAKE CHECKS PAYABLE TO DERRY TRAIL RIDERS. INC.**