

**REGISTRATION**

**Arcadia**

**HORSE PLAY**

Name: \_\_\_\_\_

Address:  
\_\_\_\_\_

City, State, and ZIP:  
\_\_\_\_\_

Emergency Contact:  
\_\_\_\_\_

Telephone number: \_\_\_\_\_

Ride \$20 \_\_\_\_\_ Ride & Versatility \$25 \_\_\_\_\_ Versatility Only \$10 \_\_\_\_\_

**Rider NEHT #** \_\_\_\_\_

**Horse name** \_\_\_\_\_

**Horse NEHT #** \_\_\_\_\_

**NEHT - 10 MILES** \_\_\_\_\_ **20 MILES** \_\_\_\_\_ **Fee Paid:** \_\_\_\_\_

Signature: \_\_\_\_\_

(Parent or guardian if named individual is under the age of 18)

Horse Play 143 Gilbert Stuart Rd, Saunderstown, RI 02874 – mailing address PO Box 660 Exeter, RI 02822 (401)

294-3565 or (401) 864-2943 \* [horseplayri@msn.com](mailto:horseplayri@msn.com) \* [www.hptra.org](http://www.hptra.org)

**RELEASE OF LIABILITY**  
**Arcadia**

I, \_\_\_\_\_, am engaging in horseback riding and associated  
(Name of Rider)  
activities at The Arcadia Management Area – Exeter RI on \_\_\_\_\_  
under the supervision of Horse Play.

**I recognize that horseback riding and contact with horses are inherently dangerous activities. I further understand that horses are unpredictable by nature and that I could be injured during the course of horseback riding and/or having contact with a horse or horses.**

I hereby assume all risk of injury and the dangers associated with horseback riding and contact with horses. I hereby fully release and hold harmless The State of Rhode Island, Arcadia Management Area, Horse Play, along with their employees, agents, board members, trustees, successors and assigns from any and all injuries or losses sustained by me as the result of my engaging in the horseback riding activities and other activities associated with such horseback riding/walking activities.

I understand and acknowledge the suggestion of Horse Play that while participating in the Horse Play ride/walk and/or fun show I should, for my own safety and that of others, at all times wear an AHSA approved head gear and riding boots. I further understand and acknowledge that I assume all risk of injury related directly or indirectly to failure to wear approved head gear and other appropriate protection as suggested. I agree to conduct myself in a safe and horseman like manner at all times during the ride. The State of Rhode Island, Arcadia Management Area, and Horse Play shall not be held responsible for any injuries incurred by me while I am participating in the Horse Play ride/walk and/or fun show.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or guardian if named individual is under the age of 18)

\_\_\_\_\_  
(Name Printed)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, and ZIP: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Telephone number: \_\_\_\_\_