

**2019 Registration – Arcadia
Horse Play Rescue & Sanctuary**

Name: _____

Address: _____

City, State, and ZIP: _____

Emergency Contact: _____

Telephone number: _____

Ride (\$25): _____ Versatility Challenge (\$10): _____

Ride & Versatility Challenge (\$30): _____

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 North Kingstown RI 02852

PO Box 305 Saunderstown RI 02874

(401) 294-3565 or (401) 864-2943

Info@HorsePlayRescue.org * HorsePlayRescue.org

**2019 Release of Liability - Arcadia
Horse Play Rescue & Sanctuary**

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: _____

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