



Horse Play

Deidre Sharp, President
143 Gilbert Stuart Rd
Saunderstown, RI 02874
Ph # (401) 294-3565 or 864-2943
EIN: 05-0506340
Website: www.hptra.org
Email: HorsePlayRI@msn.com

Vendor Application

Name _____ Phone # _____
Address _____
Email _____ Number of Spaces Needed * _____
Business / Product _____

* Spaces may be paid in advance (\$20 each) by mailing a check to
Horse Play, 143 Gilbert Stuart Rd, Saunderstown, RI 02874

Liability Waiver

THIS MUST BE COMPLETED AND IN THE HANDS OF A HORSE PLAY REPRESENTATIVE OR THE MANAGEMENT OF OUR SATELLITE FARMS BEFORE ANY PHYSICAL INTERACTION WITH A HORSE IN THE CARE AND CUSTODY OF HORSE PLAY OR PARTICIPATION IN ANY EVENTS AT HORSE PLAY.

NOTE: TAKE AS MUCH TIME AS YOU NEED TO FULLY CONSIDER THIS IMPORTANT DECISION. IF YOU HAVE ANY QUESTIONS, PLEASE CALL: (401)294-3565.

This waiver releases Horse Play from liability due to any and all ordinary negligence and that except in the event of gross and willful negligence, I shall bring no claims, demands, actions and causes of action, and/or litigation, against Horse Play for my economic or non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward in relation to Horse Play and the premises and operations of the stable in which the equine is living, including while riding, handling, or otherwise being near horses owned by or in the care, custody and control of Horse Play.

I UNDERSTAND THIS IS A LEGALLY BINDING DOCUMENT FOR THE COMPLETE WAIVER OF ALL LIABILITY AS SET FORTH ABOVE. I HAVE CAREFULLY AND COMPLETELY READ THIS ENTIRE WAIVER AND UNDERSTAND WHAT I AM AGREEING TO.

I have read the preceding and agree to all the conditions set forth.

Signature _____ Date _____
Print Name _____

Horse Play requires a hard copy of this form.