

FAIR HILL SPRING PAPER CHASE
April, 20 8:30am -1:00pm
2944 Appleton Rd, Elkton MD

Team # _____ Placing _____
Team Name _____
Division: Single _____ Pairs _____ Group _____
Barn _____ Senior _____ fast _____

Please use one entry form per team **Registration \$40 per person includes lunch!**

Team Leader _____

Address: _____

Town: _____ State: _____ Zip _____

(Any ribbons awarded will be sent to this address)

Phone: _____ E-mail: _____

Emergency contact _____ Phone _____

Divisions: (Circle one) Single Pairs Group Barn Seniors Fast Time

Age Awards: ___ Youngest Rider Name _____ DOB _____

 ___ Oldest Rider Name _____ DOB _____

 ___ Oldest Horse Name _____ DOB _____

I hereby enter the above ride at my own risk. I understand that trail riding can involve being in remote areas for extended periods of time, far from communication, transportation and medical facilities. These areas may have natural hazards which management cannot anticipate, eliminate, modify or control. I understand that accidents can happen to anyone at any time. **I am () am not () wearing a helmet for my protection.** I hereby release, today and forever, Jo Ann Bashore, the ride personnel, and remove any and all liability from The State of Maryland: Department of Natural Resources; Fair Hill NRMA, 300 Tawes Drive, Elkton, MD 21921 for any losses, damages, claims and incidents that may occur as a result of the Licensee’s scheduled activities and remove Fair Hill NRMA from any suits or charges resulting from any accidents or losses, either caused by me or my horse, or to me or my horse, or equipment.” **MY SIGNATURE BELOW INDICATES THAT I HAVE READ AND FULLY UNDERSTAND THIS LIABILITY RELEASE.**

Participants:

Print Name	Signature(parent/guardian if under 18	Helmet	Cog date	Paid

Participants: No rain date scheduled, no refunds all entry \$ will be donated to Fair Hill Emergency Response Team