FAIR HILL FALL
PAPER CHASE
Nov 28, 2026 9am -1pm

Please use one entry form per team

Date _____Team # _____ Placing _____

Team Name _____

Division: single ___pairs ___ group ___ barn __
Senior _____ fast _____

Team Leader/Rider_____
Address: _____
Town: _____ State: _____ Zip _____
(Any winning ribbons will be sent to this address)
Phone:_____ E-mail: _____
Emergency contact _____ Phone # _____

Please choose Division (pick one) ____ Single ____ Pairs ____Group ____ Barn ___ Senior(55+)
_____ Fast Time

Age ____ Youngest Rider Name _____birthdate _____Phone _____
Awards ____ Oldest Rider Name _____ birthdate _____Phone _____
____ Oldest Horse Name _____ birthdate _____Phone _____

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)	Date	Cog

ALL PROCEEDS WILL BE DONATD TO FAIR HILL EMERGENCY RESPONSE TEAM