

FAIR HILL SPRING

PAPER CHASE

May 2, 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 EQUINE RESCUE AMBULANCE, FAIR HILL DIVISION