

52nd ANNUAL CROSS STATE TRAIL RIDE APPLICATION BARRE
August 9, 2021 to August 15, 2021 (Monday thru Sunday)

MAKE CHECKS PAYABLE TO CROSS STATE TRAIL RIDE INC.

Mail to: PATRICIA DARMOFAL - 12 KELLY ST HAVERHILL, MA 01832

Whole ride is 7 days - half ride is 3.5 days

RIDER FEES Whole Ride = \$330.00 First Half = \$165.00 Second Half = \$165.00

NONRIDER Whole Ride = \$320.00 First Half = \$160.00 Second Half = \$160.00

CHILD Rates for family = 1st child 75%, 2nd child 50%, 3rd child 25%

CIRCLE CHOICE

WHOLE RIDE

1ST HALF

2ND HALF

NAME _____ **HOME PHONE** _____

_____ **RIDER** _____ **NON RIDER** **AGE** _____ **if under 21** **CELL PHONE** _____

ADDRESS _____

NAME OF HORSE

E-MAIL _____

BREED _____

ALLERGIES _____

AGE _____

INSURANCE _____

SEX **M** **G** **S**

EMERGENCY CONTACT _____ **PHONE** _____

WAIVER AND RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT

I _____ understand that horse related activities are inherently dangerous. In consideration of being allowed to participate in any way in activities or events of Cross State Trail Ride Inc. (herein after CSTR) I the undersigned, do hereby, for myself, heirs, executors and administrators, **waive and release** CSTR., It's officers, directors, members, employees, volunteers, and property owners who allow CSTR the use of their property, (herein after "Releasees") **from any and all, right, claim, or liability, for damages and all injuries that may be sustained by me** , including injuries to any animal(s);and/or **from any and all claims of any kind or nature I may have**. Further, I do hereby acknowledge this release will extend to any accidents, damages, or claims arising out of my participating in CSTR activities.

In exchange for the opportunity to participate in CSTR activities, whether mounted or not, I agree to hold the Releasees, free and harmless from all claims, demands and expenses that may be occasioned by me, my animals, or persons associated with me who may not be entered at the event. **I agree to indemnify each Releasee for any claims, demands or expenses that may be occasioned by me, my animals, or persons associated with me.**

I acknowledge and fully understand:

I will be engaging in an **inherently dangerous activity which involves the risk of serious bodily injury, including death and permanent disability** as well as severe social and economic losses which might result from the inaction, negligence, improper actions of others, as well as myself, or other risks not known to me or reasonably foreseeable at this time;

I knowingly accept the foregoing risks **and accept personal responsibility for the damages following such injury, permanent disability, or death;**

I release, waive, and covenant not to sue Releasees; from demands, losses or damages on account of injury or property damage caused, or alleged to be caused in whole or in part by negligence of the releasees or otherwise.

I am aware trail riding involves being in remote areas far from communications, transportation, and medical assistance for extended periods, these areas may have issues the releasees cannot reasonably anticipate, identify, modify, or eliminate. Horses are excitable, difficult to control, and unpredictable. Other participants vary in skills and judgment. Accidents can, and do, happen to everyone no matter how careful they are.

I HAVE READ AND UNDERSTAND THE ABOVE RELEASE, WAIVER AND HOLD HARMLESS AGREEMENT. I UNDERSTAND I MAY ASK ANY QUESTIONS AT EVENT REGISTRATION OR I MAY CONTACT THE PERSON WHO SUPPLIED THIS FORM.

SIGNATURE OF ENTRANT _____ **DATED** _____

IF ENTRANT IS A JUNIOR, THE RELEASE ON THE REVERSE SIDE OF THIS FORM MUST BE SIGNED BY A PARENT OR LEGAL GUARDIAN

ALSO COMPLETE EMERGENCY EVACUATION INFORMATION ON REVERSE



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NAME OF JUNIOR ENTRANT _____

I, _____, AS PARENT OR LEGAL GUARDIAN OF THE JUNIOR ENTRANT, HAVE READ AND UNDERSTAND THE RELEASE, WAIVER AND HOLD HARMLESS AGREEMENT ON THE REVERSE SIDE.

I UNDERSTAND I MAY ASK ANY QUESTIONS AT EVENT REGISTRATION OR I MAY CONTACT THE PERSON WHO SUPPLIED THIS FORM.

SIGNATURE OF RELEASOR _____

Parent or legal guardian of minor child

DATED _____

Name of Member accompanying junior _____

MEDICAL RELEASE FOR JUNIORS

I hereby grant permission to the Officers and Ride Committee of the Cross State Trail Ride, Inc. to provide all medical care and/or hospitalization necessary for my child in the event of accident or illness during this ride.

SIGNATURE _____
of parent or guardian

DATE _____

PHONE _____

EMERGENCY EVACUATION INFORMATION

Name of vehicle driver _____

Cell Phone contact number _____

TOW VEHICLE

MAKE _____ MODEL _____

COLOR _____ REGISTRATION # _____

TRAILER

MAKE _____ REGISTRATION # _____

Check one BUMPER PULL GOOSENECK

TOTAL RIG LENGTH _____



ADDITIONAL VEHICLE ??

MAKE _____ MODEL _____

COLOR _____ REGISTRATION # _____