

RIDER NUMBER: _____ (office use only) Stalls? ____ Camping? ____
Paid: Y N Cash Check #

Fort Armstrong Horseman's Association & Foundation
Poker Ride 2010 -Benefit for Second Chance Equine Assoc.
Hold Harmless Agreement / Participant Release Waiver

On behalf of: Fort Armstrong Horseman's Association / Foundation
Operator of Crooked Creek Horse Park, Manor Recreation Area, Ford City, PA;
Manor Township; Second Chance Equine Association

Event: Poker Ride 2010 Date: July 4, 2010

Entry Fee: \$20 per horse/rider

Second Hand: \$5 per horse/rider combination; no substitutions

Checks Payable to: FAHA Amount Enclosed: \$ _____

Rider Name: _____

Mailing Address: _____

City _____, State _____, Zip _____

Telephone Contact: _____

PLEASE READ CAREFULLY BEFORE SIGNING!!!

EVENT SPONSORS and CLUB ADMINISTRATORS DO NOT ASSURE YOUR SAFETY

I acknowledge that I, Participant, Parent or Legal Guardian, participate in this event totally at my own risk for injuries or property damage I or my family may incur and I acknowledge that I, Participant, Parent or Legal Guardian, et.al. Hereby release and hold harmless the sponsor, co-sponsors, their owners, their officers, directors, members, affiliated organizations and others acting on its behalf, from any claim, legal liability, legal action, or right of damages, for any accident which may occur to me or my equine animal.

I, the undersigned Participant, Parent or Legal Guardian, being of legal age, have read and understand the above agreement and release.

Name(printed): _____

Signature: _____

If under 18 years of age – must be signed by parent or legal guardian

Emergency phone number on ride day: _____

Date: _____

To Pre-register – Mail completed form and payment to:

FAHA PO BOX 266 Ford City, PA 16226