



STAR EQUESTRIANS CENTER

15574 Route 422 East, Strongstown PA 15957

PHONE: 814-749-9690 • FAX: 814-749-9690

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STAR EQUESTRIANS CENTER

Pursuing Life, Liberty, and Happiness

ENTRY FORM FOR OPERATION RIDE CTR TRAINING/NOVICE

NAME OF RIDER _____

AGE GROUP: ADULT (19/over)____ SR (14 – 18) ____ JR (10 – 13) ____

RIDER WEIGHT WITH TACK:

HEAVY (160lbs +)____ or LIGHT (159lbs and under) ____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE(area code)____ - ____ - ____ Email: _____

EQUINE'S Name _____ AGE _____ SEX _____

EQUINE OWNER NAME AND ADDRESS (IF DIFFERENT FROM RIDER)

OWNER _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE(area code)____ - ____ - ____ Email: _____

This release must be signed and returned with your ride entry. No cross outs or additions are permitted.

In consideration for permission to enter and participate in the OPERATION RIDE CTR, I do hereby for myself, my heirs and assigns release and hold harmless ride management, ride personnel, all property owners over whose land the ride crosses, Star Equestrians and its volunteers, FAHA/CROOKED CREEK HORSE PARK officers, servants, employees, volunteers and officials, from all claims, demands, actions and causes of action of any kind, for injury or death sustained be me or my horse, and damage to my property, incurred during this ride, arising from negligence or any other fault. "Ride" includes from the time I and my horse arrive at base camp until the time that we leave the premises, as well as the actual event. "Horse" means the animal(s) I am riding, driving or have entered. I understand that horseback riding is an inherently dangerous activity and am aware that: 1. The ride involves being in areas for extended periods of time far from communications, transportation, medical and veterinary assistance; 2. That these areas have many natural and man-made hazards, which ride management cannot anticipate, modify or eliminate; 3. That both my own horse and those of other contestants can be excitable, difficult to control and unpredictable, and can panic, bite, rear, kick, strike, stumble or fall; 4. That as a result of participating in the ride I or my horse may be injured, die, or my property damaged. I agree to take full

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responsibility for myself and my horse; I recognize that the ride is a strenuous activity and I represent that I and my horse are in adequate physical and mental condition to participate, I recognize that my participation in the ride is voluntary. I HAVE READ AND UNDERSTAND THE ABOVE LIABILITY RELEASE, AND AGREE TO BE BOUND BY ITS TERMS AND CONDITIONS.

Rider Signature: _____ Age: _____ Date _____

Parent or Guardian Signature: _____ Date: _____

Horse Owner signature: _____ Date: _____
(if different from rider)

MAKE ALL CHECKS PAYABLE TO STAR EQUESTRIANS (OPERATION RIDE)

MAIL TO:

STAR EQUESTRIANS, 15574 RT422 EAST, STRONGSTOWN, PA 15957

Phone: 814-749-9690

Adult Entry \$36 _____ on or before May 18, 2011 (add \$10 fee after this date)

Senior /Junior Entry \$26 _____ on or before May 18, 2011 (add \$10 fee after this date)

Stalls and camper hookups are available see FAHA/CCHP grounds person at the ride site.

Total amount Due: _____