

# RIDE FOR A REASON



## *A Trail Ride for Breast Cancer*

SATURDAY, October 4, 2025 (Rain date SUNDAY, October 5th)

Moulton's Field, Bumps Intervale Rd.

Fee \$45.00

Held with the deepest appreciation of ACS

NAME OF RIDER \_\_\_\_\_ HORSE Name \_\_\_\_\_ NHH&TA member: \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address: \_\_\_\_\_

All Proceeds will benefit the ACS Making Strides Against Breast Cancer

Donate directly to our Making Strides Team: Ride4Reason through the website:

<http://main.acsevents.org/goto/Ride4Reason>.

Or

Make a check payable to: American Cancer Society (ACS)

and mail check and form to: Ride4Reason Coordinator

291 College Rd., Center Harbor, NH 03226,

Phone #603-387-2794 email: [jmeloney@icloud.com](mailto:jmeloney@icloud.com)



If Possible: All Snail Mail and Online Entries should be received by **September 26, 2024**, for food head count planning. For more information go to: [Http://www.prcride4reason.com](http://www.prcride4reason.com)

### WAIVER OF LIABILITY

**Warning: Under New Hampshire Law, an equine professional is not liable for an injury to or death of, a participant, in equine activities resulting from inherent risk of equine activities. Pursuant to N.H. Rev. Stat. 508:19**

Every entry at a recognized trail ride or club activity shall constitute an agreement that the person making it, and the horse, shall be subject to the proper trail etiquette as is posted in NHH&TA. It shall further constitute that every horse and rider as entered, and that the owner and his/her rider agree to hold harmless "the ride", the organizer/ manager, team assistants, property owners, coordinators for any action taken.

I, my party, and my heirs, further agree that if any damage is occasioned by, or injury or loss occur to myself or the horse entered, or to any vehicle or other article or possession that I may send with such horse, that I will make no claims, either now or forever thereafter. I further agree to indemnify, forever, the ride or barn activity, the committee, and any other property/land-owners and any participants in the event against all claims, demands, suits, loss or damage to any property or person caused by myself, my horse, my attendants or my vehicle.

I understand that trail riding can involve being in remote areas for extended periods of time, far from communications, transportation, and medical facilities; and that these areas may have many natural hazards which ride management cannot anticipate, identify, modify, or eliminate; that horses can be excitable, difficult to control, and unpredictable; and that accidents can happen to anyone at any time.

Equine Clubs, associations and ride managers putting on organized rides cannot guarantee my safety or immunity from transmittable infections. With full appreciation of these facts, I voluntarily agree to participate in the ride and I knowingly and voluntarily:

- assume all risks associated with my participation at the ride, including but not limited to, the

risk of illness, death, bodily injury, disability, or exposure of transmittable infections.

- waive and release organizers, the manager of the ride, all ride volunteers, agents, and attendees from all present and future claims of any type for any harm or loss, including but not limited to, economic loss, personal injury, disease, death, or property damage suffered by me as a result of my participation at the ride;
- agree to indemnify, hold harmless, and covenant not to sue organizers, the manager of the ride, all ride volunteers, agents, and attendees for any personal injury, death, medical expenses, disability, loss of capacity, property damage, court costs, attorney's fees, or other loss arising out of my participation at a ride.

By my signature below, I certify that have read and fully understand this Assumption of the Risk and Waiver of Liability (Agreement) and understand that it affects my legal rights. I understand and acknowledge that this Agreement shall be binding on me, my heirs, family, estate, representatives, and assigns. **If I am signing on behalf of a minor child, I fully intend that all such waivers be fully applicable to said child and I assume the risk of said child participating at the Ride.**

Signature of Rider \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Rider: \_\_\_\_\_

Signature of Minor Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Minor Parent/Guardian: \_\_\_\_\_

**All Riders should wear approved ASTM headgear.**

Online or mailed registration is preferred.

**FOR ALL RIDERS (This information could be of help in an emergency.)**

List Allergies: \_\_\_\_\_

Other Pertinent Information \_\_\_\_\_

Regular Doctor & Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Name and Phone # of nearest relative \_\_\_\_\_

