

Babcock Hill Fun Show

Rider Name and Date of Birth

Address

City, State, Zip

Phone # and Email

Horse Name (Current -within one year- Rabies and Coggins required)

Class #	Class Name	Fee	Class #	Class Name	Fee

CLASSES TOTAL: _____

OFFICE FEE: **\$10.00**

POST ENTRY FEE \$25 (if not registered 1 week prior to show): _____

School horse use fee (if applicable) \$30: _____

TOTAL: _____

Please make all checks payable to Dawn Bonin Horsemanship. Mail to: MJ Zanolli 120 pleasant st Windsor CT 06095 or email phoebejane10@yahoo.com PayPal /Venmo accepted ask for online payment info

RELEASE, WAIVER AND INDEMNITY AGREEMENT

I hereby acknowledge and understand that horseback riding and the handling of horses and ponies are dangerous activities which can result in injury or death. I, the undersigned, from this date on, hereby release, indemnify, and hold harmless Babcock Hill Horses Naturally LLC, Dawn Bonin Horsemanship LLC and all owners and affiliations of property at this event, from any and all claims, actions, suits, and/or damages that may occur as a result of any injuries sustained while horseback riding, handling, or being near horses or ponies. This shall include all losses, damages, costs, and counsel fees that may occur as a result of injury, and related claims by any parties. I understand that inherent risks are involved in riding, handling, or being near horses and ponies. The inherent risks include but are not limited to the propensity of equines to behave in a way such as, running, bucking, biting, kicking, shying, stumbling, rearing, falling, or stepping on. Also the unpredictability of equines' reaction to such things as sounds, sudden movement and unfamiliar objects, persons, or other animals. By signing this agreement take full responsibility in the event of any injury. I have read this release, waiver and indemnity agreement, understand the risks involved and agree to assume them. I sign this agreement voluntarily and with full knowledge of its significance.

I acknowledge that all horse handlers and riders should wear protective headgear which meets or exceeds the quality standards of the SEI certified ASTM standard while riding and being near horses and ponies. I understand that the wearing of such helmet may reduce the severity of any head injury incurred. If I choose not to wear such helmet, I assume all such risk of injury resulting therefrom. I further agree that all minors (under 18 years of age) must wear protective headgear while riding.

Permission to Photograph

I grant to Babcock Hill Horses Naturally LLC and Dawn Bonin Horsemanship LLC, the right to take photographs of me and my family in connection with the above-identified program. I authorize Babcock Hill/Dawn Bonin, its assigns and transferees to copyright, use and publish the same in print and/or electronically. I agree that Babcock Hill/Dawn Bonin may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

signed

date

parent or guardian if under 18 years of age

date