Babcock Hill Halloween Fun Ride Entry Form

| Rider Name and Date of Birth |
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| |
| Address |
| City, State, Zip |
| City, State, 21p |
| Phone # and Email |
| Horse Name (Current -within one year- Rabies and Coggins required) |
| Farm Name |
| Cost is \$45 per entry. Please make checks payable to Dawn Bonin Horsemanship LLC 577 Babcock Hill Rd. Coventry, CT 06238 PayPal /Venmo accepted ask for online payment info |
| RELEASE, WAIVER AND INDEMNITY AGREEMENT hereby acknowledge and understand that horseback riding and the handling of horses and ponies are dangerous activities which can result in injury or eath. I, the undersigned, from this date on, hereby release, indemnify, and hold harmless Babcock Hill Horses Naturally LLC, Dawn Bonin Horsemanship LC 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 nipuries 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 onies. 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, tumbling, rearing, falling, or stepping on. Also the unpredictability of equines' reaction to such things as sounds, sudden movement and unfamiliar bjects, 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 ignificance. |
| acknowledge that all horse handlers and riders should wear protective headgear which meets or exceeds the quality standards of the SEI certified ASTI tandard while riding and being near horses and ponies. I understand that the wearing of such helmet may reduce the severity of any head injury neurred. 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) nust wear protective headgear while riding. |
| rermission to Photograph 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 bove-identified program. I authorize Babcock Hill/Dawn Bonin, its assigns and transferees to copyright, use and publish the same in print and/or lectronically. I agree that Babcock Hill/Dawn Bonin may use such photographs of me with or without my name and for any lawful purpose, including fo xample such purposes as publicity, illustration, advertising, and Web content. |
| igned date |
| |

date

parent or guardian if under 18 years of age