

## SOUTHERN MARYLAND TRAIL RIDERS, INC (SMTR) ENTRY FORM

**Waiver Agreement:** I understand that there is risk of personal injury while horseback riding, while traveling to and from these types of activities and that I am participating of my own free will and at my own risk. There are circumstances that no one can be held responsible for due to the unpredictable nature of the horse. Therefore; I accept responsibility for any damages or injury to person or property done by me or a horse ridden by me. I voluntarily agree NOT to hold SMTR, the SMTR Board of Directors, the SMTR membership, The SMTR Ride Host... Ride Staff, to include any associated landowner (s), or their designee liable for any damages or injury to my person, horse (s), or property arising from or during the use of horses and/or related equipment while participating in SMTR activities, which is not limited to injury to myself, other persons and/or the damage to the property of myself or others. I also agree to adhere to the SMTR rules, regulations and to follow directions and/or instructions provided from the Ride Host or their designee. I understand that it is the responsibility of each participant to attend pre-ride briefings and to ride in a safe and responsible manner. Additionally, I fully understand it is my responsibility and to insure the soundness of the equine, the proper suitability of all tack, riding wear and/or safety gear and that my personal equestrian skills are suitable for trail riding and related activities. Notice: Anyone under 18 years of age whose name appears on this form MUST also include the printed name and signature of a guardian. I understand that if I chose to ride without a helmet that I make that choice of my own free will. **I WILL RIDE AT MY OWN RISK.**

EMAIL ADDRESS: \_\_\_\_\_

Household Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Adult Rider 1 Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Horse Name: \_\_\_\_\_ Color: \_\_\_\_\_  Member

Coggins No: \_\_\_\_\_ Date Coggins Read: \_\_\_\_\_  Non-Member

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Adult Rider 2 Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Horse Name: \_\_\_\_\_ Color: \_\_\_\_\_  Member

Coggins No: \_\_\_\_\_ Date Coggins Read: \_\_\_\_\_  Non-Member

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Child Rider 1 Name: \_\_\_\_\_ \*Age: \_\_\_\_\_  Member

Horse Name: \_\_\_\_\_ Color: \_\_\_\_\_  Non-Member

Coggins No: \_\_\_\_\_ Date Coggins Read: \_\_\_\_\_

Child Rider 2 Name: \_\_\_\_\_ \*Age: \_\_\_\_\_  Member

Horse Name: \_\_\_\_\_ Color: \_\_\_\_\_  Non-Member

Coggins No: \_\_\_\_\_ Date Coggins Read: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Parent/Guardian must include printed name and signature if rider is less than 18 years of age.**

How did you hear about us? SMTR Website: \_\_\_\_\_ Friend: \_\_\_\_\_ Newsletter: \_\_\_\_\_ Tack/Feed Store: \_\_\_\_\_

Other: \_\_\_\_\_

For Official Use Only

Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Initials: \_\_\_\_\_