

# HAZEL GROVE AGRICULTURAL ASSOCIATION



## 2019 Annual Hazel Grove Park Benefit Trail Ride

Sunday, April 28, 2019

Location: Hazel Grove Park, 166 Jenkins Road, Groton MA 01450

Affiliated with New England Horse & Trail (NEHT). NEHT members: Be sure to sign the NEHT sign-in form!

Sign-in at 8:30; ride-out 9:45 - 10:00 a.m. Sharp! Mileage 3, 9 and 16 miles.

Snacks before, on trail and lunch – all included!

**Ride Fee: \$35.00 per adult, \$25.00 youth under 18 - Pre-register by April 23 and save \$5 off each person**

Riders 16 and under must be accompanied by adult

Questions? Contact Laurie Smigelski 978 448-2768 or email [farmnglass@gmail.com](mailto:farmnglass@gmail.com)

**Horse Water is now available!**

\_\_\_\_\_

RIDER: \_\_\_\_\_

HORSE: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone \_\_\_\_\_

Member of New England Horse and Trail?: Yes: \_\_\_\_\_ No: \_\_\_\_\_

NEHT Rider # \_\_\_\_\_ NEHT Horse # \_\_\_\_\_

Trail length: 3 \_\_\_\_\_ 9 miles \_\_\_\_\_ 16 miles

**Make Checks Payable to: 'HGAA' and be sure to sign the Release on the back of this entry!**

## **Release and Hold Harmless Agreement**

Whereas, the UNDERSIGNED assumes the inherent risks involved in riding and working around horses, which risks include bodily injury from using, riding or being in close proximity to horses, among other risks, and further, that both horse and rider, can be injured in normal use or in competition and schooling; In CONSIDERATION therefore, for the privilege of riding, exercising, and/or handling horses at Hazel Grove Park, The undersigned does hereby agree to hold harmless and indemnify Hazel Grove Park, Town of Groton, Hazel Grove Agricultural Association, their employees and agents, their spouses and heirs and further release them from any liability or responsibility for accident, damage, injury to the undersigned or to any family member or spectator accompanying the undersigned on the premises.

I agree that Hazel Grove Agricultural Association 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.

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**I have been informed and understand that the following law is in effect in Massachusetts:**

**UNDER MASSACHUSETTS LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO SECTION 2D OF CHAPTER 128 OF THE GENERAL LAWS.**

**Rider Name** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Parent or Guardian** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_

Please note any health considerations or chronic conditions that must be taken into account if medical care is required or other information we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_