

Trail Trial Registration 2005

Name of Competitor: _____

Name of Horse: _____

Complete Address: _____

Phone/s: _____



Release from Liability and Agreement Not to Sue:

I understand that horseback riding and competing on horseback are inherently dangerous activities. Nevertheless, I hereby willingly assume all the risks associated with them that I may undertake at the BCHC/FHRC Trail Trial. It is my sole responsibility to follow instructions and be familiar with my task, safety procedures, and the terrain which I travel.

By signing this document, I, intending to be legally bound, hereby, for myself, my heirs, executors, and administrators, voluntarily discharge the MCCS, the US Government, MCCS Miramar, Back-country Horsemen of California-Caballeros del Sol and Flying Hooves Riding Club and its respective directors, members, agents, sponsors, promoters, affiliates, successors, and assigns, together with all land owners and volunteers associated with this event (the "Released Parties") from any claims, demands, damages, known or unknown personal injuries that have or may arise at, before, during, or after the event.

I agree not to sue anyone for my personal injuries or death. I agree to indemnify any and all the Released Parties for all medical, legal, or property expenses that come about due to my acts or the acts of others, including acts of negligence, even if it is the negligent acts of another or of the Released Parties which caused my personal injuries or demise.

Signature: _____ Date: _____

Guardian (if competitor is under 18): _____



I, for myself, and/or on behalf of my child or legal ward, have been fullywarned and advised that I should purchase and wear a properly fitted and secured SEI certified ASTM Equestrian helmet while riding and while near horses in order to reduce the severity of head injuries and possibly prevent the death from happening as the result of a fall or other occurrences.

By initialing, I hereby refuse to wear a safety helmet : _____



To the best of my knowledge, _____ (horse's name)

has received all of his/her shots and is free from disease. I take all responsibility for my horse not being properly vaccinated. Please bring your shot records with you.



Emergency contact name/phone: _____

Insurance Company and policy number: _____

**PRINT OUT THIS FORM AND BRING IT WITH YOU,
ALREADY FILLED OUT, TO EXPEDITE REGISTRATION.**