



Colts Neck Trail Riders Club Hunter Pace Entry Form & Waiver

TEAM # _____

Teams of 2-3 riders ride marked trails of varied terrain, approximately 7-9 miles in length. Ribbons will be awarded to teams closest to the ideal times in two divisions: Hunter and Pleasure.

All Fields Required. Please Print Clearly.

DIVISION (circle one):

HUNTER

PLEASURE

Rider 1: Name: _____ **Payment: Cash / check**

Address: _____ **Check #** _____

City: _____ **State:** _____ **Zip:** _____

Cell Phone: _____ **E mail:** _____

Current CNTRC member? Yes _____ **No:** _____

Emergency contact for event: _____
Name Cell

Rider 2: Name: _____ **Payment: Cash / check**

Address: _____ **Check #** _____

City: _____ **State:** _____ **Zip:** _____

Cell Phone: _____ **E mail:** _____

Current CNTRC member? Yes _____ **No:** _____

Emergency contact for event: _____
Name Cell

Rider 3: Name: _____ **Payment: Cash / check**

Address: _____ **Check #** _____

City: _____ **State:** _____ **Zip:** _____

Cell Phone: _____ **E mail:** _____

Current CNTRC member? Yes _____ **No:** _____

Emergency contact for event: _____
Name Cell



**Colts Neck Trail Riders Club Hunter Pace
Waiver**

TEAM # _____

RELEASE OF LIABILITY

In consideration of the acceptance of my application for entry in the Colts Neck Trail Riders Club Hunter Pace, I, the undersigned, intending to legally bind myself, my heirs, executors, and administrators, hereby waive, release, and hold harmless the Colts Neck Trail Riders Club and any other person or entity associated with the Hunter Pace from any and all liability, claims, damages, actions, and causes of action for loss, damages, or injury to person, horse, or property, irrespective of the causation in connection, directly or indirectly, with horses, equipment, or trails utilized in the Hunter Pace.

I recognize that I must be in good health and of sufficient training and experience in order to participate in the event, and that I and my horse are physically and mentally able to participate in horse-related group activities and our selected division. I acknowledge that horses and horse-related activities are inherently risky, and that the actions of horses cannot be predicted. I acknowledge that under New Jersey law, an equestrian or area operator is not liable for an injury to, or the death of, a participant in equine animal activities resulting from the inherent risks of equine animal activities, pursuant to the NJ Equestrian Activities, Responsibility, and Liabilities Act (NJSA 5:15-1 to 5:15-112).

The New Jersey equine activity liability statute, cited above, sets forth the legislative recognition of the importance of equine activities to the state and the fact that eliminating the inherent risks in engaging in them is impractical or impossible. Further, a participant and spectator are deemed to assume the inherent risks of equine animal activities created by equine animals and is assumed to know the range of his ability and it shall be the duty of each participant to conduct himself within the limits of such ability. This acknowledgment of the assumption of risk serves as a complete bar of suit and shall serve as a complete defense to a suit against an operator by a participant for injuries resulting from the assumed risks.

I certify that the horse participating in this hunter pace is current on Coggins and that I have provided the required documentation to the Colts Neck Trail Riders Club. I agree to wear required attire for the pace, including a protective helmet and proper riding footwear. I consent to the use and reproduction of any and all photographs taken of me, without remuneration, for use in promotional printed and digital material, educational activities, and social media.

Signatures (Parent/Guardian if Rider is under 18 years of age)

Rider 1:	_____	_____	_____
	SIGNATURE	NAME (please print)	DATE
Rider 2:	_____	_____	_____
	SIGNATURE	NAME (please print)	DATE
Rider 3:	_____	_____	_____
	SIGNATURE	NAME (please print)	DATE