

**Covered Bridge Trail Association Hunter Pace
October 27, 2024**

Covered Bridge Trail Association

HUNTER PACE REGISTRATION FORM
Sunday October 27, 2024

FEE: \$40 per rider

Make check payable to CBTA

Start times are not assigned. Last team out by Noon.

Rider #1 Name _____
Address _____
_____ Zip _____
Cell Phone _____
E-mail (Write Clearly) _____

Cash _____
Check _____

Rider #2 Name _____
Address _____
_____ Zip _____
Cell Phone _____
E-mail (Write Clearly) _____

Cash _____
Check _____

Rider #3 Name _____
Address _____
_____ Zip _____
Cell Phone _____
E-mail (Write Clearly) _____

Cash _____
Check _____

TEAM #

Have Fun!

*****Over for Release Form (All Riders Must Sign)
AGREEMENT FOR RELEASE, INDEMNIFICATION AND WAIVER OF LIABILITY

I request permission to participate in the Hunter Pace (the "Event") with the Covered Bridge Trail Association (CBTA).

I fully understand that if this is signed by a parent or guardian, then I make the requests, statements, agreements and promises instead of the minor who will participate, intending to assume responsibility for these actions and to sign for the minor on her/his behalf. Hunter pace riding (which includes riding over fences, other obstacle and steep and rough terrain) is inherently a very dangerous activity [see STATE OF NEW JERSEY P. L. 1997, c287(C5:15-1 et seq.)]. I wish to participate in this activity knowing it is dangerous. I accept and assume all the risks of injury (including death) to me or my property.

In exchange for being permitted to participate in this activity, for myself, my heirs, guardian, and legal representatives, I release, waive and agree not to make or bring any claim of any kind against the Covered Bridge Trail Association., it's Officers, Directors, Members, Employees, Guests, Spectators, Co-participants, or any Land Owners, Landholders (see New Jersey Statute 2A:42A-2), or other persons making property available, for any injury (including death) to me or any damage to my property whether from anyone's negligence or not, or any other cause, arising out of my participation in this dangerous horseback riding, or related activities. I also agree if anyone makes any claims because of any injury to me (including death), or to a minor under my control as parental or other guardian participating pursuant to my authorization, or for any damage to my property, I will indemnify, provide a defense for (at my cost) and keep all those released by this Agreement or otherwise involved in the Event, free of any damages or costs because of those claims. I further release all parties related to the Event from any claim whatsoever on account of first aid, treatment or service rendered me, or my horse, during my participation. I further agree that any claim which I may at any time bring for any reason against the CBTA, its officers, members, employees or agencies, shall be submitted to the jurisdiction of the State or Federal courts in the County of Hunterdon, New Jersey and none other and will be governed by the laws of New Jersey.

I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of New Jersey and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I further state that I have carefully read the foregoing document and I know the contents thereof and sign this as my own free act.

In witness whereof, I have executed this document at Rosemont, NJ on the date and year first written above.

RIDER 1

Signature

Print Name

Parent/Guardian Signature if Under 18 _____

RIDER 2

Signature

Print Name

Parent/Guardian Signature if Under 18 _____

RIDER 3

Signature

Print Name

Parent/Guardian Signature if Under 18 _____

(Team Number)