



**THE JOURNEY TRAIL RIDE REGISTRATION FORM**

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Complete these forms and return them with your payment of  
\$100.00 per participant to:

***'A Horse's Friend Inc.'***  
910 Center Drive – Suite D  
Rochester, N. Y. 14615  
585-503-4087

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Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Organization: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email (if available): \_\_\_\_\_

I will participate in Day One \_\_\_\_\_ Day Two \_\_\_\_\_ Both \_\_\_\_\_

I would like to reserve a stall on Friday July 11, 2008 at Batavia Downs: Yes \_\_\_ No \_\_\_

*\*Please also include a copy of your negative coggins report. You must bring the original to present at the start.*

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**AGREEMENT / RELEASE**

(If under the age of 18, Parent/Guardian **Must** complete and sign the attached **Parental Release Form**)

I hereby agree to participate in ***'A Horse's Friend'*** Trail Ride Event "The Journey". I understand the risks involved in working with and around horses. In the event of an emergency during the duration of the event, I hereby give consent to a licensed physician to hospitalize, secure proper treatment, anesthesia and/or surgery. I understand I am responsible for my own medical insurance and treatment costs and will not hold ***'A Horse's Friend'*** liable for any injury or damage to me while engaged in the event.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date



## PARENTAL RELEASE FORM

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(For participants and volunteers under the age of 18)

Name of child: \_\_\_\_\_

I hereby give permission for my child to participate in *'A Horse's Friend'*. In the event of an emergency during the duration of the trip, I hereby give consent to a licensed physician to hospitalize, secure proper treatment, anesthesia and/or surgery for my child named above.

I understand I am responsible for his/her own medical insurance and will not hold *'A Horse's Friend'* liable for any injury or damage to my child while engaged in the program.

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

Home Telephone: \_\_\_\_\_ Cell /Work Telephone: \_\_\_\_\_

Your relationship to participant: \_\_\_\_\_

Insurance company: \_\_\_\_\_

Does your child have any physical limitation that might affect his/her work?

\_\_\_\_\_

List any allergies/medications: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Special needs if any:

\_\_\_\_\_

\_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## PHOTO RELEASE FORM

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I hereby grant '*A Horse's Friend*' permission to capture my image through video, photo and digital camera and to use my likeness in any and all of its publications, documents and marketing materials including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of the '*A Horse's Friend*' and will not be returned. I hereby irrevocably authorize the '*A Horse's Friend*' to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing '*A Horse's Friend*' programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph.

I hereby hold harmless and release and forever discharge '*A Horse's Friend*' from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

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If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of \_\_\_\_\_,  
named above, and do hereby give my consent without reservation to the foregoing on  
behalf of this person.

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)

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