

2017 Annual Hazel Grove Park Benefit Trail Ride

Sunday, May 7, 2017

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 by 10:00 a.m. Mileage 9 and 16 miles

Pre-ride snacks and Lunch

Ride Fee: \$35.00 per adult, \$25.00 youth under 18

Riders 16 and under must be accompanied by adult

Questions? Contact Laurie Smigelski 978 448-2768 or email farmnglass@gmail.com

BRING WATER for your horses! Water is not available!

d Horse and Trail?: Yes:_ NEHT Horse #	

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.

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

UNDER MASSACHUSETS LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICPANT 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 medical care is required or other infor	s or chronic conditions that must be taken into ac rmation we should be aware of:	count if