

WELCOME TO THE AVTA PACE RIDE

Registration Form

Riders must complete one form per person

Name: _____

Address: _____

Phone: _____ Cell: _____

Email: _____

I am an: Adult Rider (\$40) Junior Rider (\$30)

Division: Open Family Junior Senior Western
(Circle one)

List the other riders on your team and your team name.

Have Coggins available. Make check payable to AVTA. Pick up your number (one per team).

Junior riders must have parent or guardian's signature on the release form - on reverse.

Please tell us how you heard about today's event:

AVTA Website Email from AVTA Other Website Print Publication NJ.com Flyer

Please sign back of form.

For Official Use:
TEAM NUMBER:

Protective Helmet Required

Amount Paid:

Check: Cash:

Enjoy the Ride!!

PARTICIPANT RELEASE FORM

The undersigned, in consideration of accepting this entry, does hereby for himself, his heirs, executors and administrators, waive and release the Amwell Valley Trail Association, Inc. and all individual members thereof, the Amwell Volunteer Ambulance Corps and all individual members thereof, all owners of land on which this event takes place and their families of guests thereon, all beneficences of the funds raised from this event, their representatives, heirs, executives, and administrators, and all other persons regardless of their capacity in any way connected with the event described herein, their representatives, heirs, executives, administrators and assigns from all and any right, claim or liability for damages or for any and all injuries that might be sustained by me, including injuries to animals, or from any and all claims of any kind or nature that I might have.

Further, I do hereby acknowledge that said release will extend to any accidents, damages or claims arising out of my entry caused by my own acts or the acts of any one or any animal within my control.

I do acknowledge that I have read the foregoing paragraph and know and understand the contents thereof and agree to abide by any rules and regulations of the ride sponsored by the Amwell Valley Trail Association, Inc.

Participant's Signature:

_____ Date:

Horse Owner's Signature: (if applicable)

_____ Date:

Guardians Consent

I, the undersigned parent/guardian of the participant, for and in consideration of his/her participation in the above mentioned event, do hereby accept the terms of the above release on behalf of the participant and myself.

Further, I consent to authorize any officer, director, advisor or supervisory personnel of the Amwell Valley Trail Association, Inc. to consent on my behalf to any emergency medical treatment which may be required for the participant and do agree to indemnify and hold harmless anyone giving consent. I declare under penalty of perjury that the foregoing is true and correct.

Guardian's Signature:

_____ Date: