



MERRYMOUNT EQUESTRIAN CENTER
 8801 FRANK TIPPETT ROAD
 UPPER MARLBORO, MD 20772
 301-868-2109



FALL HALLOWEEN HUNTER PACE

SUNDAY, OCTOBER 30TH

START TIME: 9:30AM

REGISTRATION FORM:

NAME: _____

ADDRESS: _____

PHONE: _____

RIDER: _____ x's \$45 = \$ _____

NON RIDERS: _____ x's \$12 = \$ _____

STALL FEE : _____ x's \$15 = \$ _____

TOTAL: \$ _____

HORSE NAME: _____ COGGINS #: _____
(ALL MM COGGINS #'S LOCATED IN OFFICE)

TEAM NAME: _____

THIS IS A RELEASE OF LIABILITY STATEMENT-

I, the undersigned student, boarder, participant, and/or parent or guardian of such person, hereby acknowledge and agree that the handling, riding, or being in the area that is occupied or used by horses and/or other animals found in their vicinity is dangerous and hazardous, both in contact with the animals in the walking or using of the grounds connected therewith. All persons must comply with these rules, regulations, and instructions, and it is hereby the responsibility of the undersigned to notify all guests as to these possible hazards and dangers, rules, regulations and/or instructions.

I, the undersigned, hereby willingly, knowingly, and voluntarily accept and assume the aforementioned risks and responsibilities and agree to abide by all rules, regulations, and/or instructions. Further, the undersigned hereby freely and voluntarily waives any and all rights to any additional notice, and agrees to hold harmless for any accident, injury, or omissions, the MerryMount Equestrian Center, it's owners(s), directors, agents, employee(s), staff, assistants (including volunteers), horse owner(s), or professional guests, including but not limited to the equipment, facilities, and grounds of the MerryMount Equestrian Center.

Signature

_____/_____/_____
Date

Parent/Guardian (if under 18)

_____/_____/_____
Date

**** MEAL TO BE SERVED APPROXIMATELY 1:00-1:30PM ****

****MUST ENCLOSE A CHECK TO BE REGISTERED ****