



**TYMOR EQUESTRIAN CENTER**  
**Event Registration/ Liability Waiver Form**  
**(to pay by cash or check)**

Event: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Birthdate \_\_\_\_\_

Emergency Contact

Name \_\_\_\_\_ Phone \_\_\_\_\_

Return form and check (payable to 'Town of Union Vale')  
Town of Union Vale  
249 Duncan Road  
Lagrangeville, NY 12540

If you would like to pay online visit [www.unionvaleny.us](http://www.unionvaleny.us) and click on the 'Equestrian Center' tab. You may pay by credit card however, there will be a 3.5% or \$3 minimum processing fee applied.

**Horseback Riding Release**

I, the undersigned, acknowledge: there is an inherent risk in equine activities that there are dangers and risks which are an integral part of equine activities, including but not limited to; the propensity of equines to behave in ways that may result in injury, harm, or death to persons on or around them. An equine's reaction to such things as unfamiliar sounds, objects, persons, animals, or sudden movement can be unpredictable; hazards such as surface conditions and collisions with other equines or objects can occur, the potential to act in a negligent manner that may injure the participant or others, such as failing to maintain control over the animal or not acting within his or her ability. I, therefore, assume complete responsibility for any injury or accident incurred while a participant in any horse-related event or trail riding. I further assert that the Town of Union Vale shall not be liable for any injury or death incurred resulting from the inherent risks of horseback riding. Neither I nor my representative assignees, or heirs, shall make any claims against, maintain any action against, or recover from the loss, damage, or death of the participant resulting from inherent risk of an equine event or trail riding.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature is required if any member is under 18 years of age.

**OFFICE USE ONLY**  
Entered in My.Rec.com  
Date: \_\_\_\_\_  
Cash/Check # \_\_\_\_\_  
Amount: \$ \_\_\_\_\_