

HLP TRAIL CHALLENGE ENTRY FORM

Rider's Name: _____

Horse Lovers Park Membership #: _____

Day Pass: _____

If you are not an annual AZ HLP member, please PRINT the following information:

Address: _____

City, State / Zip: _____

Email: _____

Phone: _____

Emergency #: _____

Horse Name	OPEN \$20	NOVICE \$20	IN HAND \$20	YOUTH \$20	<i>Total</i>
1)	X	X	X	X	
2)	X	X	X	X	
3)	X	X	X	X	
PRACTICE AFTER CHALLENGE FREE TO PARTICIPANTS & \$10 PER HORSE TO ALL OTHERS					

TOTAL PAID _____

I, the undersigned, agree as a condition of participation in any activity, with Horse Lovers Management Corporation at Horse Lovers Park, to release, save harmless, defend, protect and indemnify any person and/or organization in any way associated herewith and their agents, members, officers and directors from loss, damages or liability of any sort arising out of or in any way relating to my participation in said activity. If the participant is a minor, the undersigned parent or guardian acknowledges that they have read this agreement and agree to be bound by its term as a releaser and as a guarantor and indemnity or of said persons and/or organizations and their agents, members, officers and directors, for the minor and in the minors place and stead. I waive all rights which I now have or may have by virtue of any section if any Civil Code which may real similarly: "A general release does not extend to the claims which a credit or does not know or suspect to exist in his favor at the time of executing this release, which is known by him, must have materially affected his settlement with the debtor."

I, the undersigned, agree to abide by all the Horse Lovers Management Corporation rules and code of conduct. HLMC reserves the right to accept or reject any membership or day pass. No member will be reimbursed once accepted.

I have read the rules and will abide by them or be disqualified. I agree that Horse Lovers Management Corporation, the officers, board members, volunteers, property owners, horse owners and sponsors will not be held responsible for any injury or accident to me, my horse, my family or my possessions.

Parent/Adult Name (if under 18 yrs of age)

(Please Print): _____

Date: _____ Signature: _____