



HOOFIN' IT FOR HIGH HORSES

29TH ANNUAL BENEFIT TRAIL RIDE & WALK-A-THON

Sunday, October 16, 2022 in Woodstock, Vermont

PARTICIPANT REGISTRATION

Please Circle all that Apply: RIDER or WALKER | IN-PERSON or VIRTUAL

Team Name (if applicable): _____

Are you the Team Leader: Y or N

Name of Participant: _____

Birthdate / Age: _____

Address/City/State/Zip: _____

Phone Number: _____

Email Address: _____

T-Shirt Size: _____ Dietary Restrictions: _____

If under 18 years of Age...

Name of Parent/Guardian: _____

Parent/Guardian Address, City, State and Zip: _____

Parent/Guardian Phone Number: _____

Parent/Guardian Email Address: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Relationship: _____

Phone: _____

Name: _____

Relationship: _____

Phone: _____



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HORSE REGISTRATION (if applicable)

Name of Horse : _____

Breed of Horse : _____

Age, Gender, Color of Horse : _____

Name of Horse's Owner : _____

Owner Address (if different) : _____

Owner Phone Number : _____

Owner Email Address : _____

THE FOLLOWING ARE REQUIRED IF YOU WILL PARTICIPATE WITH A HORSE AT HOOFIN' IT:

- Please provide a copy of a current, negative Coggins test for your horse. This document must be presented at the time of check-in on Sunday, October 16, 2022.
- Please wear an ASTM/SEI-approved helmet at all times when mounted on a horse during the event.
- Please bring water and hay for your horse. These will not be provided by High Horses or the hosts during the event. Two water stops for humans and horses will be available out on the trails.

Please create your own participant/fundraiser subpage for Hoofin' It for High Horses at www.groupprev.com/hoofinit2022. ***Special Incentive: All participants who pledge to raise \$250 or more will receive their own Hoofin' It for High Horses hobby horse to keep and use that day.*

Completed registration forms must be e-mailed or sent via USPS to High Horses TRP / Hoofin' It 2022, PO Box 278, Sharon, VT 05065.

Check-in begins at 9:00am on Sunday, October 16. Riders set-up beginning at 10:00am, and walkers at 10:30am.



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WARNING

Under Vermont Law, an equine activity sponsor is not liable for an injury to, or the death of, a participant in the equine activities resulting from the inherent risks of equine activities that are obvious and necessary, Pursuant to 12 V.S.A. 1039—added 1995, No.136 ADJ. Sess.), 2. The term "Equine Activity Sponsors" includes High Horses Therapeutic Riding Program and Schleicher Farm, their Board of Directors, Instructors, Therapists, Aids, Volunteers, and/or all Employees.

LIABILITY WAIVER

I acknowledge the inherent risk and potential for risks of equine activities. I hereby enter myself and the above named horse (if applicable), at my own risk, subject to all rules and regulations of this event. I will make no claim therefore against the High Horses Therapeutic Riding Program, the land owners, their agents, employees, officers, directors or trustees. I further agree to hold High Horses Therapeutic Riding Program, the land owners, their agents, and employees free and harmless from any liability, claims, suits or damages of whatever kind that may be occasioned by myself or horses ridden by me or the negligence of the person(s) in charge of such horse(s) and I agree to indemnify and hold harmless this organization, the land owners, and individuals against all liability, claims, suits and expenses including attorney fees incurred arising out of any injury to any person(s) or damage to any property caused by me, my horse(s) or attendant(s). I agree that I will wear an ASTM/SEI-approved helmet at all times when mounted, as will any riders of my horse(s).

Name : _____ Age : _____

Signature : _____ Date : _____
Signature of parent or guardian, if under 18 years of age

PHOTO RELEASE

_____ I consent to and authorize, *OR* _____ I do not consent to nor do I authorize, The use and reproduction by High Horses Therapeutic Riding Program of any and all photographs and any other audiovisual materials taken of me for promotional printed material, educational activities exhibitions, or for any other use for the benefit of the program.

Signature : _____ Date : _____
Signature of parent or guardian, if under 18 years of age

UNDERSTANDING OF PARTICIPATION AND ENTRY FEE

I understand that in order to participate, I must sign [a liability waiver](#) and [create a personal fundraising page through GroupRev.com/hoofinit2022](#). **There will be no minimum entry fee to participate** in this year's event but we respectfully ask each individual participant or family unit to consider setting a goal of \$200 to be raised through family, friends and peers.

(Please initial) Yes _____ No _____