

Hooves for a Cure Registration and Release of Liability Form



Hooves for a Cure

OCTOBER 3, 2009

Date _____

Mail Information to, or bring the day of the ride:

Angie Emmert 937-848-3290
2590 Washington Mill Road
Bellbrook, OH 45305

Location of Ride attending _____

**Please Complete one form for each adult attending. All children under 16 need to be accompanied by an Adult
Please Print or Type**

Name _____ Home Phone _____ Work Phone _____ Email Address _____

Address _____ City _____ State _____ Zip _____

Signature and/or Signature of trustee of minor child(ren) 18 years and under _____ X _____
Name Name

Minor Children attending with you _____

OCTOBER 3, 2009
Additional Donations

\$10.00/ person X _____ Total \$ _____
\$ _____

Grand Total \$ _____

Release of Liability

I do hereby release any and all Hooves for a Cure organizers, sponsors, locations, supporters and any of those employed at any of the Hooves for a Cure locations and the organization receiving the donations from any liability due to accident, death, illness and injury to myself, my guest(s) or horse(s).

Additionally, I authorize Hooves for a Cure representatives to call for medical services and/or veterinarian services in case of emergency (if unable to contact emergency contact listed) without incurring financial liability

Signature _____

Emergency Contact Name _____ Home Phone _____ Work Phone _____ Email Address _____

Address _____ City _____ State _____ Zip _____

Name of Vet _____ Home Phone _____ Work Phone _____ Email Address _____

Address _____ City _____ State _____ Zip _____

Are you a Survivor: Yes No
Riding in Memory or Support of a Survivor Yes _____

We will add name of Honorees to the Hooves for a Cure Website

Description of Horse and Confirmation of Negative Coggins

Owners Name	Breed	Color	Sex	Date of Test	Coggins #	Checked by