



CHESAPEAKE THERAPEUTIC RIDING

## TRAIL RIDE & WALK-A-THON TO BENEFIT

### **CHESAPEAKE THERAPEUTIC RIDING**

**DATE: Sunday, May 16th 2010**

**TIME: Tacked and Ready to Ride or Walk 10 AM**

**LOCATION: Fair Hill National Resources Park**

***MINIMUM REGISTRATION FEE: \$20***

If you would like to spend a day riding/walking on the beautiful trails while supporting a great program... please join us!

Coffee and pastry provided prior to ride. 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> place prizes will be awarded to those collecting the most donations.

Riders and walkers will be participating for **CHESAPEAKE THERAPEUTIC RIDING** -- dedicated to providing a safe, fun and unique healing experience for individuals of any age with special needs. Through the kindness of CTR's benefactors, volunteers and horses, CTR's riders and families find hope, growth and compassion. For detailed information please visit <http://www.chapeake therapeutic riding.org>.

#### ***HOW TO BE A PART OF THE RIDE/WALK FOR CTR:***

Collect sponsor contributions. All donations and registration fees are to be made payable to Chesapeake Therapeutic Riding. Registration forms and sponsor forms are available at CTR website or at select feed and tack retailers. Please call or email Brenda Jolly for forms to be mailed: #443-451-4316 or [bjolly@zoominternet.net](mailto:bjolly@zoominternet.net). All sponsors will receive a thank you and a receipt for tax deduction purposes (CTR is an approved 501 (c)3 charity). Complete the rider/walker and sponsor information form and mail it or bring it to the ride. For early registration please mail to: CTR Benefit Ride, PO Box 475, Abingdon, MD 21009. A confirmation email will be sent informing you of ride directions and information.

Prior to riding, you will be asked to sign an *Assumption of Risk and Release* form. If you are under the age of 18, a parent or guardian must sign the form. There will be an approximate 2 hour guided ride/walk in the morning and then a 1 hour break for lunch. Riders/Walkers may choose to continue to ride/walk after lunch with or without a guide. Morning ride will consist of walking and brief trotting. No alcoholic beverages allowed. All riders must wear helmets. There will be some rocky areas, rivers/streams and bridges to cross. There is no water at the parking lot staging area, so please bring water for your horse and yourself.

**CHESAPEAKE THERAPEUTIC RIDING**

**RIDER/WALKER INFORMATION & REGISTRATION FORM**

**FAIR HILL TRAIL RIDE MAY 16, 2010**

**RIDER/WALKER INFORMATION**

Name	
Address	
Home & Cell Phone	
Email	

**RIDERS ONLY: DESCRIPTION OF HORSE**

Name	
Breed	
Color	
Age	
Sex	
Coggins Date	

**REGISTRATION FEES (DUE BY 5/13/2010). SPONSOR FORMS WITH DONATIONS DUE DAY OF RIDE.**

PERSON - \$20

Make check payable to CTR and mail to:

CTR Benefit Ride  
Po Box 475  
Abingdon, MD 21009

*Please note ride/walk will proceed if raining unless conditions are unsafe. In the event of unsafe conditions registration fee will not be refundable.*

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# ASSUMPTION OF RISK & RELEASE FORM

Fair Hill TRAIL RIDE

MAY 16, 2010

## RELEASE OF CLAIMS

I am an adult 18 years of age or older and I am executing this release of claims on my own behalf and on behalf of my heirs, personal representatives, and assigns.

I understand that horseback riding is a dangerous sport and that serious injury and disability and/or death may result from accidents while riding or near horses. I acknowledge the risk I undertake for myself while riding. I do so voluntarily and agree to release Chesapeake Therapeutic Riding, its agents, servants and employees from any claims I may have resulting from injury to me while riding during the Chesapeake Therapeutic Riding Benefit Trail Ride. In the event I allow my minor child/children to ride or participate, I also assume the risk of injury, disability, or death of said child.

I execute this release and disclosure knowingly and in consideration of being allowed to participate in the Chesapeake Therapeutic Riding benefit ride.

**Releasor must sign if rider is under the age of 18 years old.**

<b>Participant/Releasor</b> _____	<b>Date</b> _____
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**NO ENTRY IS DEEMED COMPLETE UNLESS THIS FORM IS SIGNED AND SUBMITTED.**



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