

Mini Royal: A FUN Fundraiser!!!

CARD'S ONLY FUNDRAISER FOR 2019

SUNDAY JUNE 9, 2019

RIDER REGISTRATION FORM

NAME: _____ Age: _____ Weight: _____

I'd like my pledges to support this horse: _____
(I understand this is not necessarily the horse I will ride on the day)

Registration Information:

- SUGGESTED FUNDRAISING GOAL: \$100
- ALL PARTICIPANTS must adhere to the CARD weight limit of 160 pounds or less (no exceptions)
- REGISTRATION DEADLINE: **May 4, 2019**

Class Selection (please consult with your instructor on the appropriate class type)

- Non-competitive Games**, on the lead
- Games and Skills class**, on the lead
- Horsemanship Pattern**, off the lead, walk/trot as appropriate

THANK YOU FOR YOUR SUPPORT!



LIABILITY RELEASE (mandatory)

I _____, on behalf of myself, my heirs, executors, administrators and assigns hereby acknowledge that I am participating in “The Mini Royal” (Event) on Sunday June 9, 2019 and activities connected therewith concluded by CARD at my sole risk and I exonerate, release, indemnify and forever hold harmless CARD, sponsors of the Event, owners of the properties on which the Event takes place, and their respective directors, officers, employees, volunteers, agents and assigns from any claim or liability whatsoever including, without limitation, any causes of actions, suits, losses, damages, costs, charges, expenses, claims or liabilities relating to property damage or personal injury or death to myself or any other person or animal resulting from my participation in the Event.

I hereby certify and represent that I have read the foregoing and fully understand the meaning and effect thereof and am over the age of majority in my province/territory of residence (or have had my parent or legal guardian execute this release on my behalf) and intend to be legally bound.

PHOTO, WEBSITE & SOCIAL MEDIA CONSENT AND RELEASE (optional)

IN CONSIDERATION of the Community Association for Riders with Disabilities continuing to provide services to the community, I hereby

a) Grant permission to the said Association and anyone authorized by the said Association to take, use and reproduce, for the purpose of instruction, publication in scientific journals and for any other use for the benefit of the said Association, still or video photography of _____ (insert “myself” or name of participant)

b) Release all claims on behalf of myself, my heirs, executors, administrators and assigns where I (or the said participant) may have had against the said Association, its directors, officers, employees, volunteers, affiliates, agents and assigns, for the use and reproduction of any still or video photography taken and used aforesaid.

The signatures below constitute my agreement to the

- Liability Release Photo Release Social Media All Releases

_____ _____ _____
Date *Please Print Name* *Signature*

Signature of parent or guardian if under the age of 18 or otherwise required:

_____ _____ _____
Relationship *Please Print Name* *Signature*