



Trail Ride

REGISTRATION FORM 20____

Trail Ride Location: _____ Trail Ride Date: _____

Rider's name: _____

Address: _____

Phone number: _____ Email address: _____

Horse's name: _____

Date of last negative Coggins: _____

(A copy of negative Coggins dated no older than one year is required the day of the ride.)

Date of the last Rabies: _____

I acknowledge that any activity associated with the handling and/or riding of horses is a potentially dangerous activity. The undersigned agrees to hold harmless, officers of Yankee Walkers, Gaited Horses of New England, any of its agents, and any owner of any land used by members or permitted to pass over, for any damage, injury, or loss to person or property that may occur directly or indirectly in conjunction with this trail ride.

Signature: _____ Date: _____

Rider's name: _____

Address: _____

Phone number: _____ Email address: _____

Horse's name: _____

Date of last negative Coggins: _____

(A copy of negative Coggins dated no older than one year is required the day of the ride.)

Date of the last Rabies: _____

I acknowledge that any activity associated with the handling and/or riding of horses is a potentially dangerous activity. The undersigned agrees to hold harmless, officers of Yankee Walkers, Gaited Horses of New England, any of its agents, and any owner of any land used by members or permitted to pass over, for any damage, injury, or loss to person or property that may occur directly or indirectly in conjunction with this trail ride.

Signature: _____ Date: _____

Cost is \$15 for each Yankee Walker horse and rider team and \$25 for each non-member team. Make checks payable to Yankee Walkers. Some ride sponsors may require specific vaccinations.

Office use only: Date Received: _____ Total Amount: _____