Wheel Runners: April 26th, 2022

RIDER INFO

Name	Phone Number
Address	City, State, Zip
Email	

HORSE INFO

Name	
Sex Color	
Breed	
Neg. Coggins & Proof of Rabies ☐Enclosed ☐On File	

Select Lesson Times

☐ 10:00am ☐ 11:00am
☐ 1:00pm ☐ 2:00pm

If sessions become too full, times may change to add another group in. Check your email!

FEES

	GMHA Member	GMHA Non-Member
Single, Full Day	$55.00	$65.00
Single, Half Day	$35.00	$45.00

Total: _____

PAYMENT INFORMATION

☐ Check Enclosed ☐ Cash ☐ Bill my credit card (MC/Visa Only)

CC # _____CVV_____ Exp. _____ Signature _____

INDIVIDUAL AGREEMENT AND WAIVER OF LIABILITY WARNING

Under Vermont Law, an equine activity sponsor is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities that are obvious and necessary, pursuant to 12 V.S.A. section 1039.

I understand that the sport of horseback riding and driving is inherently dangerous and that serious injury and death can occur. I understand that participation in equine activities involves necessary risks. I agree that if any harm occurs to my horse or myself or to any equipment that I may use or send to use, I will make no claim against the Green Mountain Horse Association, Inc. or any of the Officers, Directors, Trustees, Employees and Volunteers. I further agree to hold the Green Mountain Horse Association, Inc., the Officers, Directors, Trustees, Employees, Volunteers and Landowners free and harmless from any liability, claims, suits or damages of whatsoever kind or nature that may be occasioned by the horses used by me or the negligence of the persons in charge of such horses and I agree to indemnify and hold harmless this organization and individuals against all liability claims, suits, and expenses including attorney fees incurred arising out of any injury to any person or damage to any property caused by me, my horses or attendants.

I agree that if I am injured while participating in this event, the Woodstock Emergency Services personnel treating my injuries may provide a description of the accident, a description of the suspected injury, a description of the treatment administered and information about transport to a hospital to GMHA personnel for the purpose of completing the official GMHA Accident/Injury report. This authorization will expire once the information is given to GMHA personnel or at the end of the event, whichever is later.

_____ SIGNATURE OF PARTICIPANT

_____ SIGNATURE OF PARENT/GUARDIAN

Please Mail Entries to: GMHA Wheel Runners, PO Box 8, S. Woodstock, VT 05071

Please contact GMHA with any questions: (802) 457-1509 ext. 203 or kelly@gmhainc.org