

Hooves for a Cure Registration and Release of Liability Form

Date _____

Mail information w/ Check or money order to

Payable to: **Hooves for a Cure**

To the location you have chosen to attend

Location of Ride: _____



**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	_____	_____
	_____	_____

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