



Dear Friend,

You are invited to attend Manes & Motions Ride & Stride, a benefit event to support Manes & Motions Therapeutic Riding Center, Inc.

Presented at Machimoodus State Park, Moodus, CT, Manes & Motions Ride & Stride raises funds for our year-round equine-assisted activities programs designed for children and adults with physical, developmental and emotional challenges. The event features marked trails where horse owners or walkers can enjoy the lovely scenic trails through woodland with views of the Connecticut River.

All proceeds support Manes & Motions Therapeutic Riding Center, Inc. a non-profit organization and a premier accredited center through PATH Intl. (Professional Association of Therapeutic Horsemanship) and member of the Hospital for Special Care Community.

As a non-profit organization, our center is supported entirely through charitable giving. Fundraising allows us to keep our program fees at a rate affordable to the families we serve. Please help us continue our vital mission by supporting this event on Sunday, May 19th at Machimoodus State Park located at 128 Leesville Rd, Moodus, CT. Check-in begins at 9:30 a.m. and event participants are welcome to begin at 10:00 a.m. To participate, riders and walkers collect a minimum of \$75.00 in sponsorships. A complimentary lunch will be provided and as well as opportunities to win great prizes! Raffle tickets may be purchased in advance.

If you are interested in joining us or would like to make a donation, please complete and submit the enclosed forms. For more information, please contact me at 860.685.0008. Please note there is no rain date.

Sincerely,

Jeanna

Jeanna Pellino
Program Coordinator

Ensuring excellence and changing lives through equine-assisted activities and therapies.

Manes & Motions Therapeutic Riding Center, Inc. • 874 Millbrook Road, Middletown, CT 06457
Phone: 860.685.0008 • Email: manes&motions@hfsc.org • Website: www.manesandmotions.com



Manes & Motions Ride & Stride Registration Form

Event Date: Sunday, May 19, 2019

Rider's name: _____ Age: _____

Walker's name: _____ Age: _____

Address: _____

Town: _____ State: _____ Zip: _____

Phone: _____ email: _____

If riding-Horse's Name: _____ Age: _____ Breed: _____ Color: _____

Riders are also required to include a copy negative Coggins and proof of Rabies Vaccine dated within 1 year of the event date. Helmets are required for all riders.

Amount Enclosed:

Rider/Walker Sponsorship (\$75.00 minimum) \$ _____

Additional Lunch(s) \$10 x _____ \$ _____

Raffle ticket purchase \$ _____

Donation \$ _____

Make checks payable to Manes & Motions Therapeutic Riding Center, Inc.

Mail to: Manes & Motions Therapeutic Riding Center, Inc.
874 Millbrook Road, Middletown, CT 06457

Please return completed registration form and release form by May 13, 2019. All sponsorships & fees must be submitted prior to the start of the event. Please bring a folding chair for lunch seating.

Release And Agreement Not To Sue, Including Claims For Negligence

In consideration of my being provided the opportunity to engage in equine activities and/or access to Machimoodus State Park (the "Land"), I make the following representations:

I understand and agree that using the facilities, fields and trails on the Land involves certain inherent risks, dangers and hazards which can result in serious personal injury and that personal injuries and damage to property are a common and ordinary occurrence in the use of such facilities, fields or trails. I understand that trail riding or walking can involve being in remote areas for extended periods of time, far from communication, transportation and medical facilities. That these areas may have natural hazards which management cannot anticipate, eliminate, modify or control and accidents can happen to anyone at any time. I hereby agree to freely and expressly assume any and all risks of injury to myself or damage to my property while engaging in activities that are the subject of this Release.

I acknowledge and understand that I have been advised that it is recommended that all horseback riders wear a helmet while engaged in equine activities. I also acknowledge and agree that I am participating in the Ride and Stride at my own risk.

I understand that there is absolutely NO GUARANTEE OF MY SAFETY.

I understand that I am responsible for any damage to the facilities, fields or trails while it is in my possession. This includes, but is not limited to, theft or loss.

I understand there are NO WARRANTIES, expressed or implied, and that I use said facilities, fields and/or trails AS IS.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby agree to indemnify and hold harmless, and to release and forever discharge Manes & Motions Therapeutic Riding Center, Inc., its directors, officers, employees and any affiliate, the owners or lessors of land on which I engage in equine or other activities, the persons in control of land on which I engage in equine activities, and the guests, invitees, other participants in any activities associated with this Release, business invitees, spouses, children, relatives, independent contractors, and insiders of any of the foregoing, sponsoring agencies of such activities, and the owners/lessors of the premises ("Releasees"), with respect to all and any injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law.

I understand that I am not allowed to participate in this event unless this document is in full force and effect without alteration, amendment or change. No person has the authority to alter, amend, or change the provisions of this document insofar as they benefit or might benefit the released persons.

If a guardian of a person lacking legal capacity to contract signs this document, the signing person represents and warrants that he or she has the legal authority to bind the person on whose behalf he or she signs.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I WILL BE GIVING UP RIGHTS BY SIGNING THIS AGREEMENT, AND SIGN IT FREELY AND VOLUNTARILY.

_____ Date: _____
(Printed name of rider)

_____ Date: _____
(Signature of rider)

_____ Date: _____
(Signature of parent/guardian for participants under 18 years of age)