

TRAIL PACE ENTRY and LIABILITY RELEASE



Please sign me up for the Trail Pace on _____ (date) sponsored by
The Florida Forever Back Country Horsemen, Inc.

Category: (SELECT ONE):

- Medium trail pace
- Cavalry
- Endurance pace (double distance)

TOTAL TRAIL DISTANCE: 8 –10 MILES

- Mini Cart (short loop)
- Horse Cart (8 to 10 miles separate trail)

- Start: First riders out at 8:30 AM
- Last rider out for Endurance division by 9:00 AM
- Last rider out for Medium Trail Pace and Cavalry by 9:30 AM

Location: Croom Tract, Withlacoochee State Forest, Smith Prairie Trailhead, Croom Rd. at FR 7. Brooksville, Florida.

◆ From Brooksville, north on Broad Street (SR 41) to right on Croom Rd. Follow Croom Rd to signs for ride at FR 7.

◆ From I-75 Exit 301, east to left on Croom-Rital Rd. Follow north to Croom Rd and signs for ride, at Croom Rd and FR 7.

◆ From Nobleton, Fl., south on Edgewater Rd. Turns into Nobleton-Croom Rd. Right on Croom Rd to signs for ride at FR. 7.

ACKNOWLEDGEMENT AND RELEASE OF LIABILITY

I acknowledge sole responsibility and agree to be fully liable for all damages and claims arising out of my participation in this event. Furthermore, I hereby release from liability and waive my right to bring all claims against *The Florida Forever Back Country Horsemen, Inc.* or individuals connected with this organization for damages that may occur, now or in the future, related to personal or bodily injury, property losses and /or wrongful death arising from my participation in this event. I understand that there are certain risks, damages and perils connected with trail riding and/or horses, and I hereby acknowledge, understand and accept sole responsibility for all consequences of my actions.

UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

Helmets suggested for all riders and **mandatory** for juniors 16 & under. Current coggins required on all riders.

NAME _____ ADDRESS _____

PHONE _____ e-mail: _____

Juniors DOB _____

\$25/Adult \$15 Juniors (16 & under) My check for \$ _____ is enclosed Pay on ride day _____

Please mail entry to:

The Florida Forever Back Country Horsemen, Inc.
P. O. Box 815
Brooksville, FL 34605

SIGNATURE OF PARTICIPANT

SIGNATURE OF LEGAL GUARDIAN (FOR RIDERS UNDER 18)