Bella Rosa Stables
Care From the Heart
WESTERN DRESSAGE
Fix - A - Test

Sunday, July 28, 2024

Rider:			Phone:
Street Address:			
City:	State:	Zip:	E-Mail:
Trainer:			

Name of Horse	Breed	Color	Age	Height	Gender

Test Name/Level	Fee ($55/ Test)

Special requests:	Total Class Fee(s)	$
	Office Fee	$ 5.00
	Horse Use Fee ($15)	$
	Total	$

Required: Negative Coggins within last 12 months; Flu/Rhino vaccination within last 6 months; and Waiver/Hold Harmless.
Checks payable to **Bella Rosa Stables. Mail entry to Bella Rosa Stables, Western Dressage Fix A Test , 151 Oak Glen Road, Howell, NJ 07731 with required paperwork.** If possible, complete your Registration and take a screen shot – text to Kathy Taler (908) 930-9894.

Register by Wednesday, July 24, 2024. There are a limited number of rides for this event so please register ASAP. Ride times are prescheduled. A wait list will be established if needed. All riders will be notified of their times by Thursday, July 25, 2024.

B-BARR-B LLC
DBA Bella Rosa Stables
Care From The Heart

151 Oak Glen Road
Howell, N. J. 07731

Release of Liability

UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES, PURSUANT TO P.L. 1997, C. 287, C: 5:15-1 ET SEQ.

I understand that the activity of horseback riding includes inherent risks of injury and I voluntarily assume and accept the full risk of such injury. I also understand that a horse, irrespective of its training or temperament, may act in an unpredictable manner and that is a risk to be assumed by engaging in any equine activity. I knowingly assume all risks, whether known or unknown, associated with engaging in equine activities.

To the fullest extent allowed by law, I agree to waive, discharge claims, and release from all liability B-Barr-B LLC, DBA Bella Rosa Stables and Care From the Heart, its officers, owners, members, agents and leaders, in any way connected with equine activities. I further agree to hold harmless the B-BARR-B, LLC DBA Bella Rosa Stables and Care From the Heart, its officers, owners, members, agents and leaders from any claims, damages, injuries, or losses caused by my own negligence while a participant in equine activities, or events organized or sponsored by the B-BARR-B LL, DBA Bella Rosa Stables and Care From the Heart. I understand and intend that this assumption of risk and release is binding upon my heirs, executors, administrations and assigns, and includes any minors accompanying me in equine activities.

I acknowledge that I have read this Release of Liability and know and understand its contents. If you joined as a FAMILY, all family members "**over 18 years of age**" must sign this release (in this section).

_____ _____ _____

Print Name (Clearly) Signature Date

_____

Address (Print Clearly) Street, Town, and Zip

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For members **"under"** 18 years of age, parent(s) or guardian must list name of each child and sign at bottom of page,

_____ _____

Name of child Name of child

I, the undersigned parent or guardian of the above minor(s) in consideration of my minor's participation in equine activities, agree that the terms and conditions of this Release of Liability shall be binding as to damage, injury, and/or death to my minor(s), his/her animal, and property arising out of his/her participation in equine events.

_____ _____ _____

Parent/Guardian Signature Parent/Guardian Signature Date