



SE JUDGED PLEASURE AND WEINER ROAST INFORMATION

FEE: \$45.00

**INCLUDES ACCESS TO CHESLEN PRESERVE, FOOD, BEVERAGE
AND
DONATION TO SE PAHA ANGEL FUND!**

\$5.00 discount for PAHA members!

ENTRY DEADLINE - OCT. 13

ENTRIES ARE LIMITED! LATE FEE: \$10.00

- The ride will have 5-6 obstacles, which are all optional, and a hot dog & marshmallow roast after the ride
- All breeds may enter, but only Arabians and Half Arabians are eligible for Ride Champion and Reserve Champion.
- Please early enough to be prepared to ride out at 10 a.m. Groups go out at approx. 5 minute intervals.
- Points will be awarded based on the skill of horse and rider at each obstacle.
- The ride will have the following divisions:
Purebred Mares, Purebred Geldings, Half Arabian, Non-Arabian and Juniors.
- To enable a contactless as possible event, all entries must be completed, submitted and paid for by Oct. 12.
- **Waivers (below) must be signed for PAHA and for Natural Lands Trust** and submitted with your entry
- Helmets are required for Juniors.

**We ask that you continue to practice safe and responsible conduct with regards to
COVID.**

SE DISTRICT PAHA JUDGED PLEASURE RIDE ENTRY

4 - 5 mile ride with judged obstacles through the beautiful Cheshire Hunt country and ChesLen Preserve

SATURDAY, October 15, 2022 *Rain date – Sunday, October 16*

PLEASE ARRIVE IN TIME TO BE READY TO RIDE OUT @10 A.M.!

1220 Kelsall Rd., Coatesville, PA (two miles from center of Unionville)

NAME OF ENTRANT _____ PAHA Member? Yes No _____

ADDRESS _____

Phone _____ Email: _____

Emergency Contact _____ Phone # _____

NAME OF HORSE (Separate Entry Per Horse) _____

(info below needed for division awards *-required*)

BREED _____ AHA REG. # _____ (if Arabian/Half- Arabian)

MARE, GELDING, OR STALLION (circle one) _____ AGE OF HORSE _____ COLOR _____

ALL RIDERS AND OWNERS MUST SIGN!! DATE _____

OWNER SIGNATURE _____

RIDER SIGNATURE _____ Age if a Youth- _____

PARENT/ GUARDIAN SIGNATURE (IF RIDER UNDER 18) _____

❖ **BRING A CHAIR and HORSE WATER**

❖ **CURRENT NEGATIVE COGGINS REQUIRED (12 MOS)**

❖ Make checks payable to SE District PAHA. FEE: \$45.00 (\$5.00 discount for PAHA members)
ENTRY DEADLINE - OCT. 12 **ENTRIES ARE LIMITED! LATE FEE: \$10.00**

❖ Mail your entry (**including both waivers!**) to:

Adrienne Morella, 275 Brandywine Drive, West Chester, PA 19382 or amorella77@yahoo.com

❖ For questions, please contact Adrienne 610-715-3001 or Jan at janw273@gmail.com or 302-367-8729

CHECK www.sedistrictpaha.com FOR UPDATES INCLUDING CANCELLATION DUE TO WEATHER

PAHA ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THE 2021 JUDGED PLEASURE RIDE, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by PAHA, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I am aware of the potential spread of COVID-19 that could result in severe illness and potential death. Therefore, I will, to the best of my ability, practice proper social distancing as recommended by health department directives, as well as practice good hygiene (handwashing, use of hand sanitizer, wearing of a mask if and when required, etc.) and follow other health recommendations. Should I become ill, I promise to self-report the illness and contact my health provider to let them know of my condition. I will adhere to testing guidelines and work with my own primary care providers. Finally, if I am exposed or suspected to be exposed to COVID-19, I will self-quarantine.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from the event, THE FOLLOWING ENTITIES OR PERSONS: I hereby release the Pennsylvania Arabian Horse Association and its officers and members, the owners of the facilities and property ridden on Virginia Kelsall, Patrician Farm, Cindy Wallace, Jeff and Shana Donnelly, where the ride is held, Natural lands Trust, ChesLen Preserve, any spectator, auditor, employee, or volunteer helping at the JUDGED PLEASURE RIDE, the SE District of PAHA and its officers and members, from any claim for damages which may occur to me, my horse, my property or my attendants. I further release all the aforementioned from any expenses arising out of any injury to any person or property caused by my horse, my attendants or myself.

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons of PAHA from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that PAHA and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf. I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature

Date

Participant's Name (Please print legibly)

Parent / Guardian Signature & Date (If under 18 years old, Parent or Guardian **must** also sign)



WAIVER AND RELEASE OF LIABILITY FOR EVENTS

READ BEFORE SIGNING

IN CONSIDERATION of being permitted to participate in any way in Natural Lands' event and related activities ("Activities") I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of the program and related Activities and that I am qualified, in good health, in proper physical condition to participate in such Activity and willingly agree to comply with the stated and customary terms and conditions of participation. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately notify the nearest Natural Lands staff member and discontinue further participation in the Activity.
2. FULLY UNDERSTAND that: (a) the program and related Activities INVOLVE RISKS AND DANGERS OF DAMAGE TO PERSONAL PROPERTY AND SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.
3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE Natural Lands, or Philadelphia Conservationists, Inc., their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, INJURIES, DAMAGE TO PROPERTY, OR OTHER DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which any may incur as the result of such claim.

PHOTO WAIVER

I GIVE PERMISSION TO NATURAL LANDS TO TAKE PHOTOGRAPHS OF ME DURING THIS EVENT, AND TO USE THESE PHOTOGRAPHIC IMAGES ONLINE, IN PUBLICATIONS AND IN OTHER TYPES OF COMMUNICATIONS.

I have read this Agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

PRINTED NAME OF PARTICIPANT: _____ SIGNATURE: _____

DATE: _____

ADDRESS: _____

(Street) (City) (State) (Zip)

PHONE NUMBER: _____ E-MAIL: _____

And I, the Minor's parent and/or legal guardian, understand the nature of the program and related Activities and the Minor's experience and capabilities and believe the minor to be qualified, in good health, and in proper physical condition to participate in such activity. I hereby release, discharge, covenant not to sue, and agree to indemnify and safe and hold harmless each of the releasees from all liability, claims, demands, losses or damages on the Minor's account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, I, the Minor, or anyone on the Minor's behalf makes a claim against any of the releasees named above, I will indemnify, save, and hold harmless each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost as may incur as the result of any such claim.

PRINTED NAME OF MINOR AND AGE: _____

PRINTED NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____

(Street) (City) (State) (Zip)

PHONE: _____

PARENT/GUARDIAN SIGNATURE : _____ DATE: _____