

# VIRGINIA KELSALL MEMORIAL TRAIL RIDE ENTRY

7-9 mile ride through the beautiful Cheshire Hunt country

Sunday, April 22

Start time is 10 a.m.

Limited Camping Availability for \$5 the night before the ride

Sign up for camping on SignUpGenius (link on SE website)

Brooklawn, 1851 Newark Rd, Kennett Square, PA

\$50 entry fee includes lunch and a donation to charity, \$5 discount for PAHA members

Bring your gently used tack to sell at our Tack Swap!

NAME OF ENTRANT \_\_\_\_\_ PAHA Member? Yes No

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE # \_\_\_\_\_

NAME OF HORSE \_\_\_\_\_

BREED \_\_\_\_\_ 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) \_\_\_\_\_

Fee enclosed:	
Ride Entry	\$ _____
Camping	\$ _____
TOTAL	\$ _____

❖ BRING A CHAIR AND HORSE WATER

❖ CURRENT NEGATIVE COGGINS REQUIRED (12 MOS)

❖ Make checks payable to SE District PAHA. Mail your entry by April 17 (including waiver!) to:

Adrienne Morella, 275 Brandywine Drive, West Chester, PA 19382 or Email to JAN

❖ Adrienne – 610-715-3001 or [amorella77@yahoo.com](mailto:amorella77@yahoo.com), Jan- 302-367-8729 or [janw273@gmail.com](mailto:janw273@gmail.com)

CHECK [www.sedistrictpaha.com](http://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 2022 VIRGINIA KELSALL MEMORIAL TRAIL 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: CNW Properties, Jock Hannum, Judy Jefferis, Carol Davidson, Bruce Davidson, Buck Davidson, Richard Hannum, Denis and Anne Glaccum and all landowners not listed, where the ride is held, any spectator, auditor, employee, or volunteer helping at the VIRGINIA KELSALL MEMORIAL TRAIL RIDE, 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 Name (Please print legibly)      Date      Participant's Signature      Phone #

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