

Red Tail Farm Entry Form



Activity: _____

Location: _____

Date: _____

Rider: _____

Address: _____

Cell #: _____

Email: _____

Rider Status (circle one): AA JR Open

Horse: _____

Breed: _____

Color: _____

Height: _____

Sex: _____

Owner: _____

Address: _____

Cell #: _____

Email: _____

Class #	Class Name and Level

Group Pas De Deux/Quadrille Members, if applicable: _____

Requests: _____

Please send to RTFdressage@gmail.com and attach: coggins within 12 months, vaccination report with flu/rhino within 6 months, and signed Equestrian Release

**Red Tail Farm, LLC
1100 Rattlesnake Bridge Rd.
Bedminster, New Jersey 07921**

EQUESTRIAN RELEASE

Pursuant to New Jersey Statutes Annotated 5:15-1 et seq., an equestrian area operator is not liable for any injury to, or the death of, a participant in equine animal activities resulting from the inherent risks of equine animal activities.

In connection with all equine animal activities, including boarding and training of horses and ponies, riding lessons and any and all actions necessary, convenient or incidental thereto, (collectively, "Equestrian Activities"), conducted or engaged in, on, or about the premises owned by Linda D LLC, Alvin D LLC, and Jimini LLC ("Owners"), located at 1100 Rattlesnake Bridge Road, Bedminster, New Jersey ("Farm") including but not limited to the Equestrian Activities conducted by Red Tail Farm, LLC, ("Operator"), and in consideration of being granted permission to enter upon the premises of Farm and to participate in Equestrian Activities, and being fully cognizant of the inherent risks and dangers associated with Equestrian Activities,

I the undersigned, being at least twenty-one (21) years of age, on behalf of myself and each minor child (if any) listed below for whom I represent that I am legally responsible and on whose behalf have the legal right to make this release, and for my heirs, executors, administrators and assigns, do hereby agree as follows:

- A. In order to induce Owner and Operator, their respective, directors, members, agents, and/or employees to grant me and my minor children permission to enter upon the premises of Farm and to engage in Equestrian Activities, I do hereby, waive, release, and forever discharge and agree to defend, hold harmless, and indemnify each of the following:

Linda D LLC, Alvin D LLC, and Jimini LLC the "Owners" of the "Farm" at
1100 Rattlesnake Bridge Rd. Bedminster, NJ
Red Tail Farm, LLC, a limited liability company conducting equestrian activities
on the Farm. ("Operator")
Linda C. Dietz, director of Red Tail Farm, LLC, and Linda D, LLC; and any
other directors or members of Red Tail Farm, LLC and Linda D, LLC
Meredith C. Whaley, an employee of Red Tail Farm, LLC, trainer/manager

their respective agents, servants, employees, and invitees, from and against any and all claims, demands, actions, suits, or other liabilities for damages that may arise out of, by virtue of, or in connection with, any horse ridden by me or any minor child accompanying me to the Farm, and/or as a result of an act or omission of any friend, family member or invitee in connection with any bodily injury, impairment or disability, death, loss or damage to property (personal or real), howsoever caused, suffered or sustained by me or any such minor child accompanying me to the Farm.

- B. I hereby request permission, on behalf of myself and each such minor child I represent (if any), to enter upon the premises of the Farm and to engage in Equestrian Activities. I assume full responsibility for myself and for all minor children accompanying me.

C. I further authorize Owner, Operator, Trainer/Manager, and/or any authorized agent or employee of the Owner and/or Operator to consent, on my behalf, to any emergency medical treatment that may be required by me, or on behalf of any such minor child(ren) of mine or for whom I represent that I am legally responsible, and do hereby agree to, and do waive, release, and discharge from all liability, and agree to indemnify and hold harmless, any individual(s) giving such consent.

Signed _____ Witnessed _____

Print Name _____ Print Name _____

Street Address _____ Street Address _____

City, State, Zip _____ City, State, Zip _____

Phone (____) _____ Phone (____) _____

Phone (____) _____

Phone (____) _____

Email _____

Name(s) and DOB of Minor Child(ren)

Name _____ DOB _____

Name _____ DOB _____

Name _____ **DOB** _____