

Lord Stirling Stable & Friends of Lord Stirling Stable



2018 GUIDED RIDE SERIES



These horseback riding events are open to all adults and juniors, their family, and friends. **Children not currently enrolled in a class at LSS must be at least 12 years old.** All riders will be assigned horses prior to the event. Rider preference will be given every consideration, but horses will be assigned with safety as our primary concern. Space on this ride cannot be reserved without payment of the entry fee. **As ride times fill, Lord Stirling Stable has the option of scheduling additional rides at other times on the same day. Please indicate on your entry if you are interested in other ride times.**

The guides will be happy to answer questions and point out and attempt to identify the various plants, birds and animals that can be seen at Lord Stirling Stable. This 1-hour event includes check-in, safety lesson, and the trail ride. An Environmental Education Center naturalist may be with us, schedule permitting.



Please fill out a separate form for each rider. Payment must accompany registration form

2018 Fees

\$50 - Non-Somerset County Residents

\$40 - Somerset County Residents

\$35 - FLSS Members and School Riders

MAIL PAYMENT by Cash/Check/MO only
Make checks payable to "FLSS". MAIL ENTRY TO:
FLSS GUIDED RIDES c/o C. Rosen, 18 Emerald Pl., Somerset, NJ 08873
 For more information, call Chuck Rosen (908.672.2806).

ON TIME POLICY: You must check in at least 20 minutes before you are scheduled to ride. Once a horse has been given out to the scheduled rider or to a substitute rider, no changes will be made for any reason. No refunds for lateness.

REFUND POLICY: No refund is given unless another rider can be placed from the waiting list.

SAFETY AND HORSEMANSHIP: I am familiar with and will obey the rules and practices of Lord Stirling Stable for sane and responsible horsemanship. Approved hard hats and footwear are required for all riders. I understand the nature of this event and the pace that will be used. I understand that the chair of this event and the ride leader has the responsibility to change horse assignments if it is in the best interest of a safe event.

HOLD HARMLESS POLICY: I agree to hold harmless from damages or claims in connection with this event, all persons associated with the Somerset County Park Commission, Lord Stirling Stable and Friends of Lord Stirling Stable.

If interest is there, we may run more than one ride per event. The time of the second ride will be determined based on demand and other factors. Indicating your interest, above, will help us plan so everyone can get a suitable horse and stay with their group.

EVENT	FILL IN NUMBER OF RIDERS		Check-In Time	
		Walk Only		W/T/C*
SPRING NATURE RIDE 4/15/2018 Register by 4/1/2018	1 st Ride 8:30 am	Number of Riders ()	Number of Riders ()	8:00 am On Trails at 8:30
	Later (Times TBD)	Number of Riders ()	Number of Riders ()	
MOTHER'S DAY RIDE 5/13/2018 Register by 5/2/2018	1 st Ride 10:30 am	Number of Riders ()	Number of Riders ()	10:00 am On Trails at 10:30
	Later (Times TBD)	Number of Riders ()	Number of Riders ()	
FATHER'S DAY RIDE 6/17/2018 Register by 6/4/2018	1 st Ride 10:30 am	Number of Riders ()	Number of Riders ()	10:00 am On Trails at 10:30
	Later (Times TBD)	Number of Riders ()	Number of Riders ()	
FALL NATURE RIDE 9/23/2018 Register by 9/14/2018	1 st Ride 8:30 am	Number of Riders ()	Number of Riders ()	8:00 am On Trails at 8:30
	Later (Times TBD)	Number of Riders ()	Number of Riders ()	

*W/T/C group gait at Leader's discretion. All "later" group times to be determined

2018 GUIDED RIDE REGISTRATION



RELEASE AND WAIVER

Returning Rider **First Time Participant**

Rider's Name: _____
 Address: _____
 Phone -- Main: _____ Alternate: _____

PLEASE PRINT CLEARLY

e-mail (required)

FLSS Member: Yes [] No []

Are you currently enrolled in a class at LSS? Yes [] No []

If yes, what level: Adult _____ Junior _____

Rate your English or Western riding experience.

Use "0" = none, "10" = ride every day, **NS = not sure**

Examples: 0, 4W, 8E, 10EW, NS

(Please print clearly)

Rider Height: _____ Weight: _____ **Max Weight 200 lb.**

Horse Preference: (1) _____
 (2) _____
 (3) _____

TIME PREFERENCE: MORNING [] AFTERNOON [] EITHER []

Date: _____ Amt. Enclosed: _____

Total # of Rides _____

Release – As part of the Consideration for being allowed to participate in the activity identified below, the undersigned agrees that neither the Friends of Lord Stirling Stable ("FLSS") any officer, trustee or member volunteer, agent or representative of the FLSS nor any of their respective successors or assigns (collectively, including the FLSS, the "representatives") shall be liable for any loss, damage, injury or claim of any kind to person or property arising from or caused by participation by the undersigned in the Activity identified below including, without limitation, any loss, damage or claim arising from an accident or casualty involving the undersigned whether or not on or off the representative's property.

Equestrian Activities Workshops/Clinics Dog/Nature Walks

Special Events Trips Other _____

Waiver and Indemnification – The undersigned hereby waives all claims and demands against the Representatives and each of them for any loss, damage, injury (including death), or claim of any kind arising from, related to or caused by participation by the undersigned in the Activity and agrees to indemnify, defend and hold harmless the Representatives from all loss, liability, damages, costs, and expenses (including actual attorney's fees) arising from or related to same.

In addition, in permitting myself or my dependent to participate, I am specifically granting permission to use my or my dependent's name, words, or photograph in publicity or brochures relating to the above cited events/activities.

This release and waiver has been carefully read by the undersigned and the contents of this document are understood by the undersigned. This release and waiver shall be effective for all activities in which I or my dependent participates in throughout the entire 2018 calendar year. The undersigned freely executes this document.

IN WITNESS WHEREOF, the undersigned has executed this release and waiver on the date shown below.

Date: _____

Signature of Applicant

Name – Please Print

 Parent/Guardian For: (Name of Minor)