



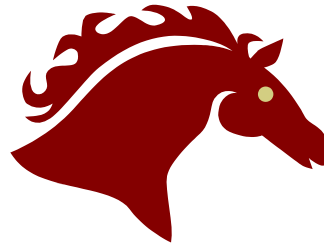
**Who:**

Any equestrian  
(individual or teams up  
to 5 riders)

**When:**

First riders out at 9:00  
am, last riders out by  
3:00 pm

## FELLOW EQUESTRIANS: HELP US HUNT FOR A CURE!



**Ride in the 6<sup>th</sup> annual scavenger  
hunt at Fair Hill Natural Resource  
Area on Saturday, August 13, 2011**

**(rain date August 27)**

**All registration fees/donations go to the  
American Cancer Society!**

**Where:**

Fair Hill Natural  
Resource Area (across  
from Fair Grounds)

**Cost:**

**\$20 per rider if pre-  
register; \$25 per rider  
if register on site.**

**Requirements:**

Proof of negative  
Coggins for each  
horse. It is highly  
recommended that all  
riders wear an  
approved helmet —  
riding is at your own  
risk.

This event is being held to help North East, MD's *Relay For Life* ([www.relaybythebay.org](http://www.relaybythebay.org)) raise money for the American Cancer Society.

Complete the Registration Form on the next page, include a check in the correct amount made payable to **American Cancer Society**, and mail to:

Barbara DePaul  
304 Clearfield Drive  
Lincoln University, PA 19352

If any questions, call 610-869-6001 or email  
[bkdepaul@comcast.net](mailto:bkdepaul@comcast.net).

## Scavenger Hunt Registration Form

Team Name: \_\_\_\_\_

Name of Rider: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

In consideration of being permitted to participate in the August 13, 2011 equestrian scavenger hunt at Fair Hill Natural Resource Area, I, for myself, my executor, administrators, heirs, devisees and assigns assume any and all risks that might be associated with the event. I do hereby discharge and covenant not to sue the American Cancer Society, its management, officers, board members, employees, members, sponsors, volunteers, their successors and all cooperating businesses and organizations, the event site, organizers or their representatives for any claims of injury, damages, demands, actions and causes whatsoever in any matter arising or growing out of my participation or that of the minor under my supervision in the event and any related activities. I also give my full permission for such first aid as deemed necessary to be provided to me or my child on the premises or prior to transport to a hospital for further treatment.

I understand that horseback riding can be a dangerous sport and I ride at my own risk. I accept responsibility for any damages or injury to persons or property done by me or by a horse ridden by me, and I will not hold the persons conducting this event responsible for the condition of my property, horse, or me in case of loss, damage or injury. I understand that wearing a helmet is a requirement of this event and that riding without a helmet can result in serious injury. I make the choice not to comply with the mandatory request and ride without a helmet of my own free will and I will ride at my own risk, releasing all parties to the event of all liability.

Signature: \_\_\_\_\_

(Parent/guardian signature must sign if rider under 18 years of age)

**Rain date:** August 27, 2011

Include a check in the correct amount (\$20.00 per rider if pre-registration or \$25.00 per rider if register on site) made payable to **American Cancer Society**, and mail to:

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