



## Central Jersey Horseman's Association

### 2017 Day Pass

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Show Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Barn Name: \_\_\_\_\_ Trainer Name: \_\_\_\_\_ Parent Cell: \_\_\_\_\_

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**Incomplete Applications Will Not Be Accepted!**

**You must use the horse registration form to request a back/bridle number for each horse.**

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#### Release And Hold Harmless Agreement

By submitting this application for a day pass guest for the Central Jersey Horseman's Association (CJHA) I agree to abide by all rules and regulations of CJHA. Furthermore I understand that activities involving horses are inherently dangerous, that a horse's behavior and actions are unpredictable and can result in property damage, injury or death to animals, participants or spectators and that my participation in these activities is at my own risk. I also understand that neither CJHA, its officers or members nor the Monmouth County Park System may be held liable for any accident, damage, loss, injury, illness or death to the horses, equipment, owners, riders, attendants, spectators or any other person or property whatsoever in connection with a CJHA sponsored event or activity regardless of cause or negligence.

WARNING: UNDER NEW JERSEY LAW, AN EQUESTRIAN AREA OPERATOR IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ANIMAL ACTIVITIES, PURSUANT TO P.L. 1997, c.287 (C.5:15-1et seq)

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

(Signature of parent or guardian if minor)