

Horseback Riding

Halloween Party

at Reindancer Therapeutic Riding Center



31 Archertown Road,
New Egypt, NJ

Saturday, September 25, 2010
Noon to 3:00 pm

A Free Recreational Event
For POAC Members only!
Registration Required

We will be:
Horseback riding
Grooming
Feeding
Taking Pictures with the horses
Fall Crafts
And a few surprises!
All ages welcome

Please use this form to register. No phone or emailed registrations will be accepted.
Please mail this form to the POAC office or fax it to (732) 785-1003. You will receive a confirmation via email.
You must have confirmation to attend.

Name Of Child		Member #
Name of Parent	Time Preference – Circle one 12:00 pm 1:00 pm 2:00 pm	
Address : Street, City, State, Zip		
Phone Number	Email Address	
Total Number Adults	Total Number Kids	

Informed Consent:

I _____ as the parent/guardian of _____ agree to let my child participate in this activity. I understand that there are certain risks of injury inherent in recreational activities, as well as in other related activities incidental to my child's participation in the above described activities. I agree that my child is suitable to participate in the POAC Horseback Riding Event. In giving full consent for my child to participate in this activity, I do hereby waive, release, and hold harmless POAC and other related personnel for any injury that may be suffered by my child or myself in the normal course of participation in this event incidental thereto, whether the result of negligence or any other cause. I also authorize and give my full consent to **POAC** to copy-right and/or publish any and all photographs, videotapes and/or film in which my family and I appear while attending this event. I further agree that **POAC** may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art, advertising, and television programs without limitations or reservations.

Parent/Guardian Signature: _____ Date: _____