

**Martha's Vineyard Horse Council**

**Trail Ride**

**June 28, 2026**

Manuel F. Correllus State Forest Headquarters, Edgartown

**Entry Fee: \$25 – must be included with entry form**

Make checks payable to Martha's Vineyard Horse Council  
PO Box 780 West Tisbury, MA 02575

Riders **MUST** be current members of Martha's Vineyard Horse Council, Inc.,  
and have signed the Liability Waiver to participate.

**Riders under 16 must ride with an adult**

Approved helmets and boots are required for all riders

Bring your own water • Clean up after your horses • Copy of current Coggins certificate required

For more information contact Stephanie [swdreyer@yahoo.com](mailto:swdreyer@yahoo.com)

**RIDER 1**

Name: \_\_\_\_\_ MVHC Membership # \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name & Number: \_\_\_\_\_

Horse's Name: \_\_\_\_\_

Jr. DOB \_\_\_\_\_ Jr.'s Parent/Guardian Name \_\_\_\_\_

Telephone of Parent/Guardian \_\_\_\_\_ Who to Call in Case of Emergency \_\_\_\_\_

**RIDER 2**

Name: \_\_\_\_\_ MVHC Membership # \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name & Number: \_\_\_\_\_

Horse's Name: \_\_\_\_\_

Jr. DOB \_\_\_\_\_ Jr.'s Parent/Guardian Name \_\_\_\_\_

Telephone of Parent/Guardian \_\_\_\_\_ Who to Call in Case of Emergency \_\_\_\_\_

**RIDER 3**

Name: \_\_\_\_\_ MVHC Membership # \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name & Number: \_\_\_\_\_

Horse's Name: \_\_\_\_\_

Jr. DOB \_\_\_\_\_ Jr.'s Parent/Guardian Name \_\_\_\_\_

Telephone of Parent/Guardian \_\_\_\_\_ Who to Call in Case of Emergency \_\_\_\_\_

Make checks payable to **MV Horse Council, Inc.**, and mail to PO Box 780, West Tisbury, MA 02575  
**Enclose a copy of the horse's most recent Coggins certificate, electronic copies preferred.**

**Liability Waiver**

Every entry at the Martha's Vineyard Horse Council, Inc. (MVHC) competition or clinic shall constitute an agreement and affirmation that all participants (which include without limitation the owner, lessee, trainer, coach, rider, handler and the horse) for themselves, their principles, representatives, employees and agents: (1) shall be subject to the rules of the MVHC; (2) agree that they participate voluntarily in the event, involve inherent dangerous risk of injury or death, and hold the M.F. Correllus State Forest harmless from and against all claims including for any injury or loss suffered during or in this event, whether or not such claim injury or loss resulted, directly or indirectly, from the negligent acts or omission of said officials, directors, members of MVHC; (3) entrants further contend that their horse has been immunized against all necessary communicable diseases and enclose proof of the horse's most recent Coggins certificate. As an owner, student, participant, spectator, employee, independent contractor, or parent, I/we, the undersigned, recognize that all equestrian related activities are extremely dangerous, that accidents involving horses are frequent, that the condition of the land is often hazardous, and that the footing is rarely perfect. In light of this knowledge, I/we undertake full responsibility for all harm that may come to me/ourselves, my/our stock, or property, and all of my/our associates, dependents, representatives, and guests. I/we further understand that wearing an approved hard hat is required at all times while mounted. With full knowledge, I/we release the herein named MVHC and M.F. Correllus State Forest from any and all responsibility for any and all accidents and injuries that may occur while either as a participant in or as a spectator of any equestrian related activity at M.F. Correllus State Forest.

Signing this release implies that I/we have adequate medical and liability insurance/protection and that MVHC and M.F. Correllus State Forest will assume no responsibility for horse and rider. Losses occasioned by the injury or death of rider, spectator, or horse is agreed to be covered by the insurance of the undersigned and it is further agreed that the undersigned's heirs, representatives, dependents, or guests shall have no right or action against MVHC and M.F. Correllus State Forest, independent contractors, landowners, or any of their insurance carriers.

If the person is under 18 years of age, signature of the parent or guardian indicates acceptance of responsibility of said parent or guardian and release of liability of MVHC and M.F. Correllus State Forest and affiliated persons, as discussed above. If damage is caused by or to the undersigned's horse or horses (including, but not limited to, escape from enclosures), the undersigned takes full responsibility for damages to persons, property, or other horses and agrees to indemnify MVHC and M.F. Correllus State Forest and affiliated persons against liability for such damages.

It is understood that MVHC and M.F. Correllus State Forest assumes no responsibility for any personal property of the undersigned and any said property is stored on the premises of M.F. Correllus State Forest at the sole risk of the Horse Owner.

I/we, hereby grant MVHC or their agents, the right to seek any and all emergency treatment determined necessary to protect the health and well-being of the above-named individuals.

Signature of Rider 1 (or Parent/Guardian if under 18):

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Signature of Rider 2 (or Parent/Guardian if under 18):

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Signature of Rider 3 (or Parent/Guardian if under 18):

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**MASSACHUSETTS CLAUSE**

Under Massachusetts law, any equine professional is not liable for injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 2D of Chapter 128 of the General Laws.

FOR OFFICE USE ONLY: Coggins \_\_\_\_\_ Membership \_\_\_\_\_ Signatures \_\_\_\_\_