

EQUESTRIAN THERAPY PROGRAM
Ride-A-Thon
October 17th, 2009

Name _____ Address _____

City _____ State _____ Zip _____ Phone _____

I hereby waive and release any and all rights and claims for damages which I may have against the Equestrian Therapy Program and/or Fasset Farm while taking part in this event, or as a result thereof.

Signature _____



Sponsor Sheet

Name of Sponsor	Address	Telephone	Pledge
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