

**EQUESTRIAN THERAPY PROGRAM**  
**Ride-A-Thon**  
**October 6, 2007**

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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<b>TOTAL COLLECTED</b>			