

SPUR for the **CURE** Trail Ride

I want to participate in the (check one): ☐ In-Person Trail Ride ☐ Virtual Trail Ride

Name of Rider: _____

Name of Horse: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

What Centerra Country Store do you shop? _____

What is your favorite trail to ride? _____

Are you at least 18 years of age? ☐ Yes ☐ No Riding Ability: ☐ Beginner ☐ Intermediate/Expert

Total Amount Due: \$75 before July 1; \$100 after July 1 [Make checks payable to "Centerra Co-Op"]

***Advance payment required for all participants. No registration fees will be accepted the day of the event.**

Payment Method: ☐ Check ☐ Cash ☐ Visa ☐ Mastercard ☐ Other: _____

Mail completed registration
form and payment to:

Centerra Co-Op
813 Clark Ave.
Ashland, OH 44805
Attn: Jen Warden

OR

Email completed
registration form to: **jwarden@centerracoop.com**

<<< And mail payment
to this address.

Questions? Contact Kathi Green. 440-321-9996 or kgreen@centerracoop.com

I hereby assume all the risks and dangers and will hold harmless Centerra Co-Op, it's respective officers, agents and employees from all cause of actions, suits and claims, demands or liabilities. Both in law and equity which I may acquire against Centerra Co-Op and/or it's officers or employees with any activity. The terms here of shall be binding on my executors, heirs, administrators or assigns and shall serve as an assumption of risk and general release for all members of my family including any minor children for participation in such activities. I understand and accept that images taken during the event will be used in print and on social media to promote future events and that all participants and horses may appear in the images.

Signature: _____ Date: _____

(If rider is under 18-years-old, parent or guardian must sign. All riders under 18 must wear helmets.)



"ONE MORE MILE, ONE MORE DAY"

<https://www.facebook.com/SpurForTheCure/>

