

OPERATION FREE RIDE PARTICIPATION FORM

Name:	
Address:	
City/State/Zip:	
Cell Phone:	Business Phone:
Home:	Email:
hospice nurses and special education s	nilitary personnel, veterans, First Responders, critical care (ICU, Emergency Room) and school teachers and their families. Please tell us your branch of service, precinct, station,
Please list all family members who will	l be riding, age of children under 18 (please print):
t-shirts, a membership card, and a dire discounts. The enrollment fee is paid to one-year, paid subscription to Blaze M membership is just the membership ca Yes, I would like to join Horses4H HERO (Las Vegas residents), \$! FRIEND, \$100 Family Renewal, \$20 (If joined)	family's All Access Pass to affordable equestrian programs and activities. Members receive ectory with information about local retailers and riding instructors who are offering member one time; members are asked to pay a \$20 annual renewal fee. Membership includes a lagazine, a \$19.95 value. Are you interested in joining Horses4Heroes? *An OFR Limited and, not the t-shirts or free magazine! Must participate in at least one OFR activity. Heroes. Check the box that applies. So
T-Shirt Size: YS YM	_ YL YXL AS AM AL AXL AXXL
from all liability, due to injury, death, illnes undersigned, or guardian thereof that the l	Heroes, Inc, a Nevada non-profit corporation, located at 4837 No. Monte Cristo Way, Las Vegas, NV is incurred in the pursuit of equestrian activities by the undersigned. It is to be understood by the handling, riding driving, and care of horses is an inherently dangerous and risky activity. With this old aforementioned parties accountable for any injuries sustained while pursuing equestrian a riding, etc.).
Signature of participant:	Guardian/parent if entrant is under 18
Thank you!	
Office use only	
-	Number of family members:
Follow-up re: membership:	