

Palisades Interstate Park Commission
HORSEBACK RIDING PERMIT
Waiver and Release

PERMIT # _____

 (Name of Individual) (Area code) (Phone)

 (Street) (Apartment Number)

 (Town) (State) (Zip)

I understand and agree to assume all risks and responsibility arising from horseback riding in GOOSEPOND MOUNTAIN, HIGHLAND LAKES, & MINNEWASKA STATE PARKS.

I understand and agree to bring only horses certified to be free of Equine Infectious Anemia into the parks, to bring a NYS Department of Agriculture and Markets, Equine Infectious Anemia Test Record for each horse brought into the park; to produce upon request a current Coggins certificate following Agriculture and Markets Rules and Regulations, Part 64.

I understand that all persons age 14 and under must wear a helmet when horseback riding.

I release the Palisades Interstate Park Commission, its agents, servants, and/or employees, as well as the STATE OF NEW YORK, from any and all liability for personal injuries, death and/or damages of any kind whatsoever.

I agree to assume all risk in connection with this permit and will be solely responsible and answerable in damages for all accidents or injuries to person or property and agrees to defend, indemnify, and hold harmless the People of the State of New York, New York State Executive Department, Office of Parks, Recreation and Historic Preservation, Palisades Interstate Park Commission, their commissioners, officers, agents and employees from any and all claims, suits, actions, damages and costs of every nature and description which may result in connection with horseback riding.

I agree that this waiver and release will be binding upon me, my heirs, legal representative and assigns forever.

This permit is not valid until the attached copy is signed and returned in person or by mail to: Deputy Director's Office, Palisades Interstate Park Commission, Bear Mountain, NY 10611-0427, or Minnewaska State Park Preserve, P.O. Box 503, New Paltz, NY 12561

I am of legal age and agree to the conditions as outlined.

 (Signature of Individual) (Date)

I am the parent or guardian of the minor identified above and agree to the conditions as outlined.

 (Signature of Parent or Guardian) (Date)

THIS PERMIT EXPIRES ON DECEMBER 31, 2003 THIS PERMIT MUST BE CARRIED WHEN RIDING