

## **Highland Forest Equestrian Permit**

Highland Forest County Park
P.O. Box 31, 1254 Highland Park Road
Fabius, New York 13063
(315) 683-5550 highland@ongov.net



	(315) 683-5550 hi	ghland@ongov.net
RIDER'S NAME:		PHONE #:
EMAIL ADDRESS:		
ADDRESS:		
BEFORE EACH VISIT USER	RS MUST CHECK IN AT SKYLINE LODGE, PRE	SENT THIS PERMIT, & PICK UP A HORSEBACK RIDING MAP.
N CASE OF EMERGENCY,	PLEASE NOTIFY:	
NAME:	RELATION:	PHONE #:
	EQUESTRIAN RULES AN	ID INFORMATION
Read & initia	al the following Highland Forest Park Eques	trian Rules • Follow Horseback Riding Trail Map
	Provide current PROOF of NE	EGATIVE Coggins test
(within 12 months) nega Record (negative Coggi	ntive, New York State Department of Agr ns test) for each equine brought into the	•
I understand all trailer designated area.	s brought into the park for horseback riding mus	t be parked in the west end of the Skyline Lodge parking lot in the
Horse trail access beg guidelines as to where I can		up a Horseback Riding Trail map at the Lodge for specific
	ders under the age of 18 must wear an ASTM (Al raged to wear an ASTM approved riding helmets	merican Society for Testing & Materials) approved riding helmet. S.
I shall promptly report any and all unusual incidents directly to a Park Representative or Park Ranger. Unusual incidents include, but limited to, damage to park property, accidents, personal injuries, and emergencies involving medical personnel.		
Permits are issued to twhen riding.	the rider not the horse. I understand each person	riding must have their own permit and the permits must be carrie
	ark is shared by other users, including hikers, bicy nust pass at a walk and in single file.	vclists, runners and park staff in vehicles. I understand that when I
		l be solely responsible and answerable in damages, especially to Park. Trails may be closed at any time, without prior notice.
and hold harmless the Coun of persons and for damage to by the acts, omissions, negle	ity of Onondaga, its officers, agents, employees a to or destruction of property of County Parks or c ect or misconduct of Permittee or any of its empl	dents or injuries to person or property. I agree to defend, indemnifund representatives from and against damages for injury to or deapthers occurring during Permitee's use of said Premises and caused oyees, agents, contractors, licensees or guests in the conduct of ss of the Permittee's property or that of its agents, employees,
I have	read & initialed the Highland Forest Park Eq	questrian Rules & I agree to abide by them.
l understand	d that this permit may be REVOKED for viola	ating rules and if so I forfeit my riding privileges.
SIGNED:		DATE:
	OFFICE USE	ONLY
Horse #1 Name:	Ne	egative Coggins Test Date:

Horse #2 Name:\_\_\_\_\_\_ Negative Coggins Test Date:\_\_\_