

Barboursville Park
Equestrian Activity Liability Release Form/Registration

Full Name: _____

Full Name(s) of Minor Child(ren)/Dependent(s) who may be accompanying me:

Mailing Address: _____

Phone: _____ Email: _____

Date of Birth: _____

License Numbers of Vehicles & Trailers to be used for Equestrian Activity:

By My signature I agree that I have read, and do understand, and agree to all aspects of the attached rules and regulations for Equestrian Activity at Barboursville Park, including that I am liable and responsible for all accidents or injury which may occur to myself or minor aged dependent children accompanying me while engaged in equestrian activities within the boundaries of Barboursville Park. Further I agree to abide by all posted state laws, park rules, and regulations.

Signature: _____

Date: _____

This Registration is Valid through December 31st, 2021.

Village of Barboursville
City Hall (304) 736-9820
Barboursville Park
721 Central Avenue
Barboursville, WV 25504



Recreation and Activities
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