

Name of Rider	Street Address	City, State, ZIP	Phone	Email

Emergency Number (for group/rider) _____

We are planning on riding sometime from **9:30-12:00** or **12:00 to 2:00** (circle one)

A fee of \$25.00 per rider must be submitted on or before October 20, 2009. A fee of \$30 per rider is due after the October 20th deadline. Applications accepted on ride day with proper fees, applications, and coggins.

YOU WILL NOT BE ALLOWED TO RIDE WITHOUT A NEGATIVE COGGINS

Make checks payable to **Caledonia Conservancy**. Send your application, fee, and a copy of your Coggins for each horse to:

**Sue Soderberg
6301 7 Mile Road
Racine, WI 53102
262-752-5848
jonsue@execpc.com**

ALL RIDERS MUST SIGN A RELEASE OF LIABILITY BEFORE THE RIDE

I hereby enter at my own risk. I agree to indemnify the Caledonia Conservancy against all claims, demands, or suits and expenses arising out of any loss or injury to any person or damage to any property caused by or to my horses, attendants, or myself.

Owner Signature _____
Rider _____
Signature of Parent/Guardian for Juniors:

Owner Signature _____
Rider _____
Signature of Parent/Guardian for Juniors:

Owner Signature _____
Rider _____
Signature of Parent/Guardian for Juniors:

Owner Signature _____
Rider _____
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Rider _____
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