



TIME - N - SADDLE

DATE: _____

Check # _____

Money Received By: _____

Cash _____

NUMBER OF RIDER(S) _____ X \$10.00 PER PERSON/RIDER

*** UNDER INDIANA LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO, OR DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM INHERENT RISKS OF EQUINE ACTIVITIES. HORSES ARE RIDDEN AT YOUR OWN RISK! IN CASE OF ACCIDENT, INJURY, DEATH, OR THEFT TO THE RIDER, HORSES, FAMILY OR THEIR PROPERTY, NO CLAIM WILL BE HONORED EITHER AGAINST THIS CLUB OR THE POSEY COUNTY CLUB OFFICERS, MEMBERS OR ANYONE ASSOCIATES WITH SAID CLUB***

Name: _____

Address: _____

Telephone _____ Email: _____

NAME	Date of Birth	Name of Horse(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(MAKE CHECKS PAYALBE TO: POSEY COUNTY SADDLE CLUB)

Due November 30th

Mail to: Melinda Griffin, 840 Turner Rd, Mt. Vernon, IN 47620

P.C.S.C. Time-N-Saddle

Date: _____

Amount \$ _____