



Date: _____ Wavier Signed: _____

MEMBERSHIP POSEY COUNTY SADDLE CLUB, INC.

SINGLE _____ (\$15) & Children over 19 FAMILY _____ (\$25)

*** 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 ACTIVITES. 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: _____

Newsletters – please check one!

Send Paper Copy _____ Emailed Copy _____

No newsletter, I'll check it out on the Website or Facebook _____

NAME	Date of Birth (19 or under)	Name of Horse(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

***** All riders must have a signed liability form! Riders over 19 must have their own signed form, children under 19 can be listed together on one form with one parent. *****

MAIL MEMBERSHIP TO:

Posey County Saddle Club * P.O. Box 812 * Mt. Vernon, IN 47620

Make checks payable to: **Posey County Saddle Club**