Mounted Equestrian Games @ Fox Valley Saddle Association

**May 7, 2017**

Name of Rider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CityStateZip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of pony \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Any games Experience YES/ NO

Accounting: # of horses \_\_\_\_\_ x $35.00 = $ \_\_\_\_\_\_\_\_\_\_\_\_\_

*If you plan on attending all 3 clinics and pay up front $75.00 Total must be paid by 2/20*

# Stall fee \_\_\_\_\_\_\_\_\_\_ x $20.00 = $\_\_\_\_\_\_\_\_\_

( FVSA Member Fee) $ 10.00 = $ \_\_\_\_\_\_\_\_

Make Checks payable to: **Fox Valley Saddle Association**

Total $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mail to: Heather Fortcamp**

**4N091 Country View Lane**

**Elburn, IL 60119**

Completed Registration this page

 signed release page

Check for session (s)

****Copy of negative Coggins test on the horse within 1 yr of event

I realize that my participation in this activity is a high risk to my physical well-being. I agree to participate at my own risk, realizing that my participation could result in permanent disability or even death. For consideration received, I hereby release and hold harmless, Fox Valley Saddle Assoicaiton, for any loss or claim from damages, including those for personal injury, suffered by me or my guests or my property, and further, I agree to indemnify them for any loss or claim for damages made against them, including those for personal injuries caused by me, my guests, or my horse in any manner.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent if under 18yrs) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_date\_\_\_\_\_\_\_\_\_\_\_\_\_