

Name of Rider	Street Address	City, State, ZIP	Phone	2008 Coggins Submitted w/Application?

Emergency Number (for group/rider) \_\_\_\_\_ Email Address \_\_\_\_\_

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

A fee of \$25.00 per rider must be submitted on or before October 20, 2008. A fee of \$30 per rider is due after the October 20<sup>th</sup> 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:

**Cathy Buckley**  
**8615 7 Mile Road**  
**Caledonia, WI 53108**  
**262-995-7150**  
**cathy4wd@aol.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:  
\_\_\_\_\_

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Rider \_\_\_\_\_  
Signature of Parent/Guardian for Juniors:  
\_\_\_\_\_

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