

MANE EVENT RIDE

Saturday, August 29, 2020

Directions to Neubauer Farm, Racine, WI: From I-94 exit at County Road G and go East over the tracks to Hwy H. At the "T" section on Hwy H turn right. Continue to Five Mile Road and turn left. There will be a stop sign at Nicholson and another at Hwy 38. Cross the bridge and go one mile to Short Road. Turn right and go ½ mile to the third driveway on the left at the top of the hill. Park in the field at the back of the house.

Rider's Name (PLEASE PRINT CLEARLY)	Address	City	State	ZIP
Telephone Cell: () Home: ()		Email		

RIDES TIMES

Select your ride departure time below. If you are riding with a team, list the other riders below. If you need more room, please list additional riders on the back of this form. The ride committee will email your ride time several days before the event.

Choose Ride Time		
8:30 am - 10:00 am <input type="checkbox"/>	TEAM NAMES	1. _____
10:00 am - 12:00 pm <input type="checkbox"/>		2. _____
12:00 pm - 2:00 pm <input type="checkbox"/>		3. _____
		4. _____
		5. _____
		6. _____
		7. _____
		8. _____
		9. _____
		10. _____

ENTRY FEE

BEFORE August 1 – \$30.00 per rider. BEFORE August 24, \$35.00 per rider. DAY OF EVENT \$40.00 per rider. Applications accepted on ride day with proper fees, application, and coggins.

ORDER A BOX LUNCH

Box lunch includes a medium sub sandwich, potato chips, pickle, mayonaise, cookie, and a bottle of water. Cost is \$9.00 with entry fee; **\$10.00 the day of the ride**. Pre-order lunch below with ride entry to be sure one will be available. **Be sure to choose deli meat or vegetarian sub below.**

RIDE/LUNCH REGISTRATION	FEE	TOTAL
EVENT FEE (if received before August 1, 2020)	\$30.00	
EVENT FEE (if received before August 24, 2020)	\$35.00	
EVENT FEE (if received day of ride)	\$40.00	
BOX LUNCH: DELI MEAT <input type="checkbox"/> VEGETARIAN <input type="checkbox"/>	\$ 9.00	
TOTAL FEES		

**Send your application, fee,
and a copy of your Coggins to:**

Cathy Kortendick
4230 Woodview Lane
Racine, WI 53404
cathykortendick@yahoo.com

**YOU WILL NOT BE ALLOWED TO RIDE
WITHOUT A NEGATIVE 2019 - 2020
COGGINS. GOOD ONE YEAR FROM
THE DATE IT WAS DRAWN.**

PLEASE MAKE CHECK PAYABLE TO: CALEDONIA CONSERVANCY

I HAVE CAREFULLY READ THE AGREEMENT ON THE REVERSE OF THIS APPLICATION AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF, THE CALEDONIA CONSERVANCY AND/OR THEIR AFFILIATED SPONSORS AND SIGN IT OF MY OWN FREE WILL. I FURTHER ACKNOWLEDGE THAT I HAVE VOLUNTARILY APPLIED TO PARTICIPATE IN THE CALEDONIA CONSERVANCY'S MANE EVENT, AUGUST 29, 2020 AT (STARTING FROM) THE NEUBAUER FARM IN RACINE, WISCONSIN.

PARTICIPANT/RELEASOR'S SIGNATURE:

Date _____

Signature _____ Print Name _____

PARTICIPANT/RELEASOR'S/ LEGAL GUARDIAN SIGNATURE:

Signature _____ Print Name _____

Mane Event Ride 2020 Release & Waiver of Liability

A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in section 895.481(1)(e) of the Wisconsin Statutes.

I understand that equine activities are inherently dangerous and serious injury and death can result in participating in any equine activity. Understanding this I release Caledonia Conservancy, Inc., its officers, directors, employees and volunteers from all claims directly or indirectly arising from my participation in the Mane Event whether caused by the Caledonia Conservancy, its officers, directors, employees and volunteers, other participants and their animals or bystanders. I will indemnify Caledonia Conservancy, its officers, directors, employees and volunteers from any loss including litigation cost including attorney and expert witness fees.

I understand that horseback riding involves being in remote areas for extended periods of time, far from communications, transportation, and medical facilities; that these areas have many natural and man-made hazards which horseback riders cannot anticipate, identify, modify, or eliminate; that horses can be excitable, difficult to control, and unpredictable; and that accidents can happen to anyone at any time. I further understand that horseback riding involves such things as crossing creeks, galloping over uneven terrain, and being in strange places under adverse weather conditions which could result in injury to myself and the horse I am riding.

I agree to take full responsibility for myself and the animal I am riding. I am aware that wearing a certified safety helmet is a good preventive measure against head injury, and further understand that helmets are required for all riders. My signature on page one constitutes acceptance of the above terms and conditions. I have read and fully understand this liability release.

Medical Release Horse/Rider

I further agree to allow and be financially responsible for any necessary emergency medical treatment by any available physician at any available medical institution in the event of my injury or illness. I likewise agree to allow and be financially responsible for any necessary veterinary treatment for the horse that I ride. I have read and understand this liability release.

List Allergies or Medical Conditions

In Case of Emergency Please Notify

Name _____ **Relationship** _____ **Phone** _____