



2024 HCSC Mini Riders Application

Deadline: May 31, 2024

Mini Rider Name: _____

Address: _____ State _____ Zip _____

Age: _____ Grade In School: _____

Phone: _____ Email: _____

Name Parent or Guardian: _____

Horses Name: _____

DO YOU NEED A HORSE? YES NO

WE ASK THAT YOU ATTEND ONE PRACTICE WITH HORSE IF POSSIBLE. FOR ALL RIDING PRACTICES HELMETS AND BOOTS ARE REQUIRED. ALL RIDERS MUST HAVE PARENT OR GUARDIAN PRESENT TO PRACTICE. PRACTICES WILL BEGIN IN MAY AND WILL BE PUBLISHED ON www.hcsaddleclub.com AND AT THE EXTENSION OFFICE.

THE MINI RIDER PROGRAM REQUIRES BEING A MEMBER OF HENRY COUNTY SADDLE CLUB. THE COST IS \$35.00 PER HOUSEHOLD PER YEAR AND SHOULD BE PAID ALONG WITH YOUR MINI RIDER APPLICATION. IF ADULTS RIDING, AN ADDITIONAL RIDING FEE OF \$15 ANNUALLY IS REQUIRED PER ADULT MEMBERSHIP.

Medical Release

We, the parents or guardians of _____ give the local hospital and the physicians on the medical staff of the hospital permission to administer NECESSARY EMERGENCY treatment for injuries he/she incur while participating in the Mini Riders program at Henry County Saddle Club 321 W 100N New Castle, IN 47362. We understand each contestant MUST be and is covered by medical insurance.

Liability Release

We, the parents or guardians of _____ also recognize that my/our child participates in the event totally at my/our risk for injuries or property damage I or my family may incur, and I acknowledge that I hereby release and hold harmless Henry County Saddle Club, Henry County Commissioners, Henry County Memorial Park, the sponsors, co-sponsors, their owners, officers, directors, arena owners, members, affiliated organizations and others acting on its behalf, from any claim, legal liability, legal action or right for damages, for any accident which may occur to my equine or me. I also assume and accept full responsibility for any damages done by me or my equine at this activity.

Signed _____ and _____ Date _____
(both parents or all guardians must sign regardless of contestant's age)

Email: Rachel Phillips rmarie321@aol.com or call Rachel 317-514-3944 or Angie 765-730-0337

Please mail this form along with your \$35.00 membership to: HCSC, PO Box 5, New Castle, IN 47362