

**Fort Meade Remount CTR Clinic**

**WWW.FORTMEADERIDE.COM**

[mseaman96@gmail.com](mailto:mseaman96@gmail.com) or 605-381-8511

Join the group **Ft Meade Remount Endurance Ride** On Facebook

Rider Name: \_\_\_\_\_ DATE: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Age \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_

Horse \_\_\_\_\_ Breed \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Color \_\_\_\_\_ Owner's Name/City/State \_\_\_\_\_

As a participant in the Ft. Meade Remount Endurance Ride, I agree to abide by the Rules of the clinic and the aforementioned ride. I understand that 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 ride management 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 agree to take full responsibility for myself and the animal I am riding. I will hold ride management, all ride personnel, and all property owners over whose land the ride passes blameless for any accident, injury, or loss that might occur due to my participation in this ride, and free from all liability for such injury or loss. Junior riders (under 16 years as of the first day of the current ride season) entered in the ride will be accepted and allowed to ride only if accompanied by an adult rider (21 or over). Juniors will not be allowed to start or continue from any point without an adult sponsor. JUNIOR RIDERS MUST WEAR PROTECTIVE HELMETS. I HAVE READ THE RULES, CONDITIONS AND REGULATIONS OF THIS RIDE AND WILL ABIDE BY THEM. PARENT/GUARDIAN SIGNATURE GIVES PERMISSION FOR EMERGENCY MEDICAL TREATMENT FOR JUNIOR.

Rider's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Junior Date of Birth \_\_\_\_\_ Name of Sponsor \_\_\_\_\_

( ) Camping \$20.00 Per unit for weekend\$ \_\_\_\_\_

Send payment and completed form to Michele Seaman, 13034 Homer Smith Road, Piedmont, SD 57769.

See you in August! \*\*\*\*\*Certified Weed Free Hay Is Required\*\*\*\*\*