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Cherokee County Saddle Club Trail Mileage Award Program Application

Rider's Name: _____ Horse's Name(Optional): _____

Address: _____ City: _____ State: _____ Zip: _____

Contact Phone: _____ Email _____

Indicate preferred award garment: Denim Jacket or Shirt Size _____

Entry fee of \$15.00 must accompany this SIGNED APPLICATION FORM.

Make check payable to Cherokee County Saddle Club.

Mail to: Cherokee County Saddle Club, P. O. Box 2343, Woodstock, GA, 30188.

ACKNOWLEDGEMENT, NOTICE AND RELEASE

I acknowledge for myself, my heirs, executors and administrators, that the activities engaged in and/or participated in are covered by the Official Code of the Georgia Annotated 4-12-1 through 4-12-5 and that CHEROKEE COUNTY SADDLE CLUB is an EQUINE ACTIVITY SPONSOR as contemplated hereunder and further acknowledges that I have received the WARNING as required in OCGA 4-12-4 (Warning required effect of failure to comply with notice requirement).

WARNING:

Under Georgia law, an equine activity sponsor or equine professional is not liable for an injury or the death of a participant in equine activities resulting from the inherent risks of equine activity, pursuant to Chapter 12 of Title 4 for the Official Code for Georgia Annotated.

I acknowledge and fully understand that Equine Activities and particularly "TRAIL RIDES" and cross-country horseback riding over obstacles, steep and rough terrain and with unknown riders and horses can be dangerous activities. I wish to participate in these activities knowingly they can be dangerous. I accept and assume all the risks of injury (including death) to my horse, my property, and me. Members of Cherokee County Saddle Club will not knowingly ride on private property without the owner's prior consent. When I do ride on private property, I do so at my own risk. I understand that the use of protective helmets is recommended, and if I choose to ride without a helmet, it will be at my own risk.

I understand that the Cherokee County Saddle Club as well as other equine activity sponsors do not condone the drinking of alcohol or taking any drugs at Equine Activities. If I am taking any drugs, alcohol, or medications that might affect my ability to participate in any Equine Activity or otherwise do not have the experience, knowledge or ability to participate in that Equine Activity, I agree not to participate.

Should I require medical assistance for any reason during any Equine Activity and not be in a position to obtain such medical treatment or emergency care as the Equine Activity Sponsors may deem necessary or desirable, I agree to hold the Equine Activity Sponsors harmless with regard to any such emergency care or expenses arising there from.

ACKNOWLEDGED AND AGREED:

Signature: _____ Print Name: _____ Date: _____