

**MADISON COUNTY FAIR
HORSE STALL RESERVATION FORM**
(For Horses **NOT** Competing/Exhibiting)

Owner Information		Rider Information (if horse will be ridden on fairgrounds)	
Print Name		Print Name	
Street		Street	
City/State/Zip		City/State/Zip	
Phone #	E-Mail Address	Phone #	E-Mail Address
Caretaker Information (while horse is on fairgrounds)		Horse Information	
Print Name		Name:	
Street		Age:	Sex: Height:
City/State/Zip		Breed	
Phone #	E-Mail Address	Color	
Stable with:		Dates:	

General Release
<p>I understand that horses and horseback riding are a high-risk sport and I am attending this competition at my own risk. I hereby assume this risk, and further do hereby release and hold harmless the Madison County Fair, the Organizer, the Organizing Committee, judges, officials and all volunteers, the host and property owners from all liability for negligence resulting in accidents, damage, injury, loss or illness to myself and to my property, including the horse I will ride in this competition. I will abide by all regulations and safety rules.</p>

Owners Signature and Date

Riders Signature and Date

Parent/Guardian (if rider is a minor)

Caretaker's Signature and Date

Parent/Guardian (if caretaker is a minor)

FEES ENCLOSED	
Stall(s) Fee @ \$15/stall PER DAY	
Stall Deposit (see box below)	Separate check
Camping Fee	
Total Fees	\$

STALL DEPOSIT
<p>A \$25 stall deposit is required for all stalls by separate check. Stalls MUST be cleaned and stripped prior to departure from fairgrounds. Check will be returned as you leave, provided the stall has been cleaned.</p>

Medical Release	
<p>Adult: If emergency medical care is required for myself and if I, or an accompanying spouse or relative, am not able to convey permission in a timely manner, then the undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment. I have read this entire release and agree to it:</p>	
_____	_____
Owner Signature/Date	Riders Signature and Date

Caretaker's Signature and Date	
<p>Minor: If emergency medical care is required for _____ (child's name) and if permission is not available in a timely manner, then the undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment. I have read this entire release and agree to it:</p>	

Signature (Parent/Guardian)/Date	