

**MADISON COUNTY FAIR**  
**HORSE STALL RESERVATION FORM**  
 (For Horses who ARE Competing/Exhibiting)

**Stalls Available:** Friday, July 11th through Sunday July 13<sup>th</sup>

**Stall Fees:** \$15 per stall per day

**Stall Deposit:** An additional \$25 stall deposit is required for all stalls by separate check. Check will be returned at the end of the competition provided the stall has been cleaned and stripped.

Stall reservations are on a first come, first served basis and **will not be held without full payment.**

**Please make checks payable to "Madison County Fair".**

**Mail checks, this form and your entry form to:**

BRDA  
 PO Box 250  
 Brookfield, NY 13314.

**Stabling Rules**

1. Name of horse, owner and contact information must be posted outside each stall.
2. No bedding will be furnished.
3. All stalls must be cleaned daily and **MUST** be stripped completely before you leave.

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

If person who will be caring for the horse while it is at the fairgrounds ***is other than*** the owner or rider, please have caretaker sign releases below.

**General Release**

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.

\_\_\_\_\_  
 Caretakers Signature and Date

\_\_\_\_\_  
 Parent/Guardian (if caretaker is a minor)

**Medical Release**

**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:

\_\_\_\_\_  
 Caretaker's Signature and Date

**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:

\_\_\_\_\_  
 Signature (Parent/Guardian)/Date