MGAC Rider Entry Form and Membership Form

Event Date:	ST CAMARIA
First name:	Last name:
Date of Birth:	Pony name:
Division: □ Leadline □ Novice □ Open	
Partner name:	Team name:
Rider's address:	Phone number:
Email Address:	
grooming of horses and other stable activities are very danger are dangerous. I accept and assume all risks of injury (includi In exchange for being permitted to participate in these activiting release and agree not to make or bring any claim of and kind of the control of the	MGAC). I fully understand that horseback riding, handling and rous. I wish to participate in these activities knowing that they ng death) to me or my property. es, for myself, my heirs, guardians, and legal representatives, I against the "Host", Mounted Games Across Canada, or irectors for any injury (including death), to me or any damage rous riding or related activities. with all MGAC members. y image (or the image of my child) to be used by the sers from each family to help with props,
Youth (under the age of 18) are required to wear he toed shoes.	
Name:	Age (if under 18)
Hand or Electronic Signature:	Date:
If rider is under 18 years old the signature must be	from the parent or legal guardian.