



One horse and one child per entry form. Forms can be emailed to summersaddleup@outlook.com

Rider's Name _____ Age _____ DOB _____

Address _____

City _____ State _____ Zip _____

Horse's Name _____ Stable w/ _____

Parent's Info required for all riders under 19

Parent's Name _____

Parent's Cell _____ Email _____

All Riders receive THREE Free Meal Tickets
(no need to check below)

Additional Tickets available for \$10/day

_____ Friday
 _____ Saturday
 _____ Sunday

TOTAL@ _____

All Riders receive ONE Free T-shirt

Additional T-shirts available for \$10/each

Sizes

_____ Youth Medium
 _____ Youth Large
 _____ Adult Small
 _____ Adult Medium
 _____ Adult Large
 _____ Adult X-Large
 _____ Adult XX-Large

TOTAL@ _____

REQUIRED FEE PER HORSE/RIDER:

_____ Horse Stall @
 _____ (2 bags of shavings incl) _____

_____ Office Fee _____

_____ Tack Stalls @ _____

_____ Add'l Shavings \$10/bg _____

_____ Clinic Fee _____
 _____ (18&U Free/19&O \$150) _____

_____ Add'l Meal Tickets _____
 _____ (\$10/ea add'l) _____

_____ Add'l T-shirts _____
 _____ (\$10/ea add'l) _____

_____ PostEntryFee _____
 _____ (\$25 After June 1) _____

_____ CamperHookup _____
 _____ (@ per night) _____

Total Due _____

*Make Check payable to SummerSaddle
 Up Credit Card, Zelle, Venmo Accepted*

Do NOT mail after May 25
 Email forms to SSU

Summer Saddle Up
 c/o Lynn Daniel
 845 Clopine Lake Road
 Fort Valley, GA 31030

Circle Type	Master Card	Visa	AMEX	Discover
Name on Credit Card				
Billing Address on CC				ZIP
Credit Card #	EXP		Code	



LEGAL AND MEDICAL RELEASE for (child's name)

#1 – RIDERS 18 & UNDER MUST HAVE A PARENT'S OR GUARDIAN'S SIGNATURE AND MEDICAL RELEASE BEFORE RIDING IN ANY CLINIC OR PARTICIPATING IN ANY ACTIVITIES.

LEGAL: I am the parent or legal guardian of the child listed above. I have read, understand, and agree, on behalf of myself and my child, to comply with all the rules and regulations for the Summer Saddle Up Day Camp and Clinics. I understand and agree that my child be required to wear an ASTM/SEI approved safety helmet while riding anywhere on the grounds from the time they arrive. I hereby consent to the entry of my child in the Summer Saddle Up clinics and activities and acknowledge that I have read the Summer Saddle Up Rules and agree to the terms, conditions, waivers and rules and regulations, as set forth herein, and accept responsibility for the participation of said child in any clinic or activity.

MEDICAL: I understand that there are inherent risks of serious injury or even death possible with equine activities. I hereby, intending to be legally bound, for myself, my heirs, and assigns, executors and administrators, waive and release forever any and all liabilities, and all claims for damages against the Summer Saddle Up organizers, administrators, volunteers & instructors, Clemson University/Garrison Arena, Arabian Horse Association for any and all injuries and/or losses I/my child/my ward may sustain associated with my child's voluntary participation in the Summer Saddle Up activities. If medical care is required for my child in conjunction with any Summer Saddle Up activity or related transportation, and if normal permission is not available in a timely manner, the undersigned authorizes appropriate medical cases as deemed necessary by the Summer Saddle Up Emergency Medical Personnel, a physician, or the medical facility providing treatment.

Guardian/Parent's Signature _____ Date: _____

Print Parent's Name _____

_____ YES, I will be at the Summer Saddle Up with my child, and agree to Part #2 below (not required to fill out #2)

_____ NO, I will NOT be at the Summer Saddle Up with my child. Responsible Adult must sign Part #2

Email address to Contact concerning this Child's Form: _____

My Child is Allergic to: _____

Other Medical Conditions: _____

My Child takes the following Medications: _____

For: _____

Clemson Med Staff may give my child over the counter medicines (Tylenol, Motrin, Benadryl, etc) _____ Yes _____ No

#2- RIDERS MUST HAVE A RESPONSIBLE ADULT'S SIGNATURE BEFORE RIDING IN ANY CLINICS OR PARTICIPATING IN ANY ACTIVITIES. I am the adult, authorized by the above parent, who is responsible for the custody and control of the child listed above, and the child's horse(s), and for payment of all fees while at the Summer Saddle Up. I have read, understand, and agree, on behalf of myself and this child, to comply with all the rules and regulations for the Summer Saddle Up. I understand and agree that this child will be required to wear an ASTM/SEI approved safety helmet while riding anywhere on the grounds from the time they arrive. I hereby consent to the entry of this child in the Summer Saddle Up Clinics and Activities and acknowledge that I have read the Summer Saddle Up Booklet and agree to the terms, conditions, waivers and rules and regulations, as set forth herein, and accept responsibility for the participation of said child in any clinic or activity. I accept responsibility for all fees for the participation of said child.

Responsible Adult Signature _____ Date: _____

Print Adult's Name _____



LEGAL AND MEDICAL RELEASE for (adult's name)

#1 – RIDERS 19 & OVER MUST SIGN THE MEDICAL RELEASE BEFORE RIDING IN ANY CLINIC OR PARTICPATING IN ANY ACTIVITIES.

LEGAL: I am the person listed above. I have read, understand, and agree, to comply with all the rules and regulations for the Summer Saddle Up Day Camp and Clinics. I understand and agree that I am required to wear an ASTM/SEI approved safety helmet while riding anywhere on the grounds from the time I arrive. I hereby consent to my entry in the Summer Saddle Up clinics and activities and acknowledge that I have read the Summer Saddle Up Rules and agree to the terms, conditions, waivers and rules and regulations, as set forth herein, and accept responsibility for my participation in any clinic or activity. MEDICAL: I understand that there are inherent risks of serious injury or even death possible with equine activities. I hereby, intending to be legally bound, for myself, my heirs, and assigns, executors and administrators, waive and release forever any and all liabilities, and all claims for damages against the Summer Saddle Up organizers, administrators, volunteers & instructors, Clemson University/Garrison Arena, Arabian Horse Association for any and all injuries and/or losses I may sustain associated with my voluntary participation in the Summer Saddle Up activities. If medical care is required me in conjunction with any Summer Saddle Up activity or related transportation, and if I am unable to agree, the undersigned authorizes appropriate medical cases as deemed necessary by the Summer Saddle Up Emergency Medical Personnel, a physician, or the medical facility providing treatment.

Signature _____ Date: _____

Print Name _____

Email: _____

I am Allergic to: _____