

West Greenwich Horseman's Assoc.

## Daylight Savings Trail Ride

When: Sunday March 10th, 2024, RSVP by March 7<sup>th</sup> Rain date Sunday, March 17th

Where: Pachaug State Forest, Voluntown, CT, please enter off of RT 49 only since bar gates are closed at other entrances.

Miles: varies @ 4/6/9 or up to 19 miles, NEHT/WGHA mileage affiliated

Lunch: 12:00-1:00. Soup, vegan soup, sides, dessert & drinks are included. Cost: adults \$15 juniors \$10.00 Payment by Venmo available

Riders: ride early but must sign in between by **9:00 - 1:00 pm**Ride at your own pace.

Contact: Celeste Santos 860-235-1098(please leave message) morgan.cb@att.net

MAIL ENTRIES: Celeste Santos-Rivera 964 Ekonk Hill Road Voluntown CT 06384 By March 7th OR for payments by Venmo text to Ida Sweet. 401-837-0732 and email/bring your entry the day of the ride.

Watch www.wghaweb3.wixsite.com/wgha & FB for last minute changes or cancellations due to weather or trail conditions.

## West Greenwich Horseman's Assoc. Pre- by March 7<sup>th</sup>- March 10th, 2024 (rain date March 17<sup>th</sup>)

RIDER:	WGHA member?	RIDERS A	GE:NEF	łT#
ADDRESS	CITY:		_STATE:	_ZIP:
PHONE NUMBER:	Email:			
HORSE NAME:	HORSE'S	AGE:CC	)GGINS - che	ecked at table
HORSE'S BREED:	cc	)LOR:		
EMERGENCY#	YOUR CELL#			
Current Coggins and Rabies required of 1 WGHA to hold for all 2024 events. Ma Voluntown CT 06384 <b>Ride Fees:</b> Adult - \$15.00				
Junior (rider 18 and under In the event the ride is canceled, all money wil	,		e <b>d:</b>	
Under Connecticut law, each person e		-	rian activitie	es shall assume
the risk and legal responsibility for any				
inherent in equestrian sports.	J F	FF	J 8	
**For safety reasons were strongly reco	ommend a red rib	bon in the tail	of horses th	at kick, a green
ribbon in the tail of green horse or rider THE WEST GREENWICH HORSEMAN'S RESPONSIBLE FOR ANY LOSS, DAMADAMAGE CAUSED BY ANY HORSE OW THE WEST GREENWICH HORSEMAN'S ANY OF THE ABOVE.  TRAIL ETIQUETTE: Prior to passing, CAI passed, receive OK to move out. Failur Etiquette guidelines Signature of this form consents agreeme representative who is of age must sign the responsibility and risk as stated above.  ASTM/SEI approved helmets strongly suggested.	S ASSOC. OR THAGE OR INJURY INED AND OR RIES ASSOC. OR THE LL OUT! Come to be to comply may sent to these conditions and the entry blank and	HE OWNERS OF TO RIDER, SPODEN BY HIM/HE OWNERS OF WAIK WITHIN 30 result in disciplifications as well as who, by such seconds.	F THE PARIPECTATOR, HER AND SH OF THE PARIPECT P	OR HORSE OR IALL NOT HOLD RK LIABLE FOR OK to pass. Once (s). See WGHA
Signature of rider (over 18)			Date_	
Signature of Parent/Guardian of minor Chi	ld		Date_	
Emergency #	Allergies/Medi	ical Issues		
Please be aware that all photos taken may be use. Check box below if you do NOT consent using No signature implies consent. I do NOT consent: Signature		icity.	Date:	