

WEST GREENWICH HORSEMAN'S ASSOCIATION

GHOST RIDE



SUNDAY OCTOBER 12, 2025

PACHAUG SF, VOLUNTOWN, CT

WGHA/NEHT up to 20 miles, check in after each loop

Registration 9:30 ride out by 10:00 Lunch 12:00-1:00

Negative Coggins and Rabies Certificate within 1 year is required

Check website for details due to weather. Rain date Sat. Oct. 11

Watch for cutouts on the trail and win a prize!

Prizes for best costumes!

Contacts: (text to RSVP) Celeste - 860-235-1098 morgan.cb@att.net

or Carol at 401-480-4885 tamarackfarm@verizon.net

Venmo pre-entries to Ida Sweet or Call/Txt 401-837-0732

PLEASE NOTE: We would like to encourage you to RSVP by October 9th
Menu-Soups, salad, dessert, drinks. No need to mail form, bring it with you.

Directions to Pachaug State Forest From the South: GPS 219 Ekonk Hill Road, take I-395 north, Exit 85(EXIT 2). Go through the 1st light at the next stop light. Take a right onto Route 138 east. Follow for 9 miles to Voluntown then take a left onto Route 49 north. Forest entrance will be 1 mile ahead on the left.

From the North: take I-395 south, Exit 85(EXIT 2). At the end of the exit ramp, take a left onto Route 138 east. Follow for 9 miles then take a left onto Route 49 north. Forest entrance will be 1 mile on the left.

When you enter the park from Route 49 SMOKEY BEAR sign, follow the hardtop, bear to the left (the right is park headquarters) then proceed to the next fork. At the next fork (sign is on island) bear right to the CCC youth camp. **FOLLOW SIGNS FOR PARKING for entries forms:**

www.wghaweb3.wixsite.com/wgha

West Greenwich Horseman's Association

GHOST RIDE

Entry/Release Form

Sunday October 12, 2025, rain date October 11, 2025

RIDER: _____ NEHT# _____

ADDRESS _____ CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: _____ Email: _____

HORSE NAME: _____ COGGINS # _____ will be checked at the table

EMERGENCY# _____ YOUR CELL# _____

Make checks payable to **WGHA**. **email or bring entry to ride.** Call/text: Celeste at 860-235-1098 or Carol 401-480-4885
Current Coggins and Rabies required of 1 yr. **Must register 3 days prior to ride to plan for lunch**, Venmo pre-entries to Ida Sweet or Call/Txt 401-837-0732

Ride Fees:	Pre-Entry	Post-Entry	Cash: _____
	Member: \$20.00	Member: \$25.00	Check#: _____
	Non-Member: \$25.00	Non-Member \$30.00	Venmo: _____
	Junior (18 and under) \$15.00	Junior (18 and under) \$20.00	Amount Enclosed: _____
	Lunch for non-rider \$10.00	Lunch for non-rider \$10.00	

Waiver of Liability

Under Connecticut law, each person engaged in recreations equestrian activities shall assume the risk and legal responsibility for any injury to his person or property arising out of the hazards inherent in equestrian sports.

****For safety reasons were strongly recommend a red ribbon in the tail of horses that kick, a green ribbon in the tail of green horse or rider and a yellow ribbon in the tail of a stallion.** THE WEST GREENWICH HORSEMAN'S ASSOC. OR THE OWNERS OF THE PARK WILL NOT BE RESPONSIBLE FOR ANY LOSS, DAMAGE OR INJURY TO RIDER, SPECTATOR, OR HORSE OR DAMAGE CAUSED BY ANY HORSE OWNED AND OR RIDDEN BY HIM/HER AND SHALL NOT HOLD THE WEST GREENWICH HORSEMAN'S ASSOC. OR THE OWNERS OF THE PARK LIABLE FOR ANY OF THE ABOVE.

TRAIL ETIQUETTE: Prior to passing, CALL OUT! Come to walk within 30 ft. Receive OK to pass. Once passed, receive OK to move out. Failure to comply may result in disciplinary action(s). See WGHA Etiquette guidelines.

Signature of this form consents agreement to these conditions as well as the WGHA event rules. A representative who is of age must sign the entry blank and who, by such signature, individually accepts responsibility and risk as stated above. ASTM/SEI approved helmets strongly suggested, required for riders under 18 years.

Signature of rider (over 18) _____ Date _____

Signature of Parent/Guardian of minor Child _____ Date _____

Emergency # _____ Allergies/Medical Issues _____

Please be aware that all photos taken may be used for WGHA publicity.

Check box below if you do NOT consent using photos taken.

No signature implies consent.

☐ I do NOT consent: Signature _____ Date: _____