



Rider 1							
Name			Surname				
ID Number			Cell Contact				
EMAIL Contact			Please tick	5km	10km	20km	40km
Horse Name			Breed				
Age			Colour				

Rider 2							
Name			Surname				
ID Number			Cell Contact				
EMAIL Contact			Please tick	5km	10km	20km	40km
Horse Name			Breed				
Age			Colour				

Rider 3							
Name			Surname				
ID Number			Cell Contact				
EMAIL Contact			Please tick	5km	10km	20km	40km
Horse Name			Breed				
Age			Colour				

Rider 4							
Name			Surname				
ID Number			Cell Contact				
EMAIL Contact			Please tick	5km	10km	20km	40km
Horse Name			Breed				
Age			Colour				

Indemnity: Mnandi Mounted Meander

I/We do hereby acknowledge that neither Mnandi Mounted Meander, their staff, owners or representatives shall be held responsible, for loss, damage, theft nor injuries sustained by/horses/ponies, riders, appointed instructors, the public or their property whatsoever.

In the event of an injury, I/we give full permission to Mnandi Mounted Meander (or anyone they deem fit) to call for medical or veterinary assistance at their discretion, for which the costs shall be for my/our account.

Furthermore, I acknowledge that I am aware of the dangers of being involved in the handling and or riding of horses and accept full responsibility should anything occur during my visits to Mnandi Mounted Meander

Name: (please print clearly)

Sign: _____ Date: _____

Witness: (please print clearly)

Sign: _____ Date: _____

In case of emergency, person to call:

Print clearly Name & Contact Number. **Name** _____ **Contact** _____

Entry payment details, **Please use your Initials and surname as reference.**

WYCHWOOD STABLES DETAILS	
Account name	WYCHWOOD
Bank	FIRST NATIONAL BANK
Branch	THE REDS (25013000)
Account number	62671602128
Cell contact	Gail 083 275 2076
WEBSITE	www.wychwoodstables.weebly.com
Email	wychwoodstables@gmail.com

