701 W 2nd Ave. Indianola, IA 50125

info@warrencofair.com



fairgrounds 515-961-5861 fair week

office **515-961-6687** non-fair time

fax 515-962-1644

2022 Consent Form for Riding

Warren County Fair, Indianola, IA

l,		_, (Name of Parent or Guardian)	
hereby attest that my child,			
	(Nam	e of Child Entering Riding Class) has a	ittended
two Horse Project Ride Nights	5.		
*All exhibitors may use	tend ONE Horse Project Ride e one WC Saddle Club receipt e Night. Trainer must sign this	OR a formal training lesson as a subst	titute for
	erstand that the Warren Coun	I has reviewed the Rules and Regulati ty Fair cannot be held liable/responsi	
(Parent/Guardian Si	ignature)	(Date)	
(Carol Timke signature or trainer or	r WC Saddle Club receipt) lesson #1	(Date)	
(Carol Timke signature-required) lesson #2		(Date)	

THIS FORM DUE BY THE LAST DAY OF FAIR ENTRY WEEK

Form Dated April 2022

Only this form dated 2022 will be accepted for the 2022 season.

This form is turned into the Fair Secretary.

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CONSENT FORM

Horse Department 112, Division number 146, Class number 140

l,	
(name of Parent/Legal Guardian)	
hereby attest that	
(name of exhibitor (child) entering the Hunt	er Hack Class)
<u>HAS</u> attended two formal Hunter Hack training Horse Project Ride Night, or one may be from from Carol Timke (Horse Project Leader) and	n a formal trainer. Signature required
I agree that the above-named exhibitor (child risk and the Warren County Fair, and its asso responsible for any injuries resulting from pa	ociates cannot be held liable and/or
Parent/Legal Guardian	
1.	
Horse Professional/Trainer	Date
1. 2.	
Horse Project Leader Carol Timke	Date