

Pioneer Cabin Endurance Ride

Tri-Arabian Horse Club

Ride Manager: Julie Muscutt

Mail Entry form to: P.O. 9621, Helena, Montana 59604-9621

Web Address <http://triarabian.org/Events/PioneerCabinEnduranceRide>

(case sensitive)

September 13th & 14th, 2008

Name: _____ AHA# _____ AERC# _____
 Address: _____ DOB _____
 City: _____ State: _____ Zip: _____
 Phone # _____ E-Mail _____
 Junior Rider: Yes No Sponsor: _____

Horse's Name: _____ Color _____ Age _____
 Breed: _____ Reg. # _____ Sex _____ AERC# _____
 Markings: _____
 Owner's Name: _____
 Address: _____

Weight Division:

HWT _____ (211 lbs/over) MWT _____ (186 – 210lbs)

LWT _____ (161 – 185) FWT (160lbs / under) JR _____

Weight Class Div, (weights with all tack)

Sept 13, 2008			TOTALS
25 mile LD	\$50		
50 mile ride	\$70		
75 mile ride	\$100		
Drug Fee	\$1	\$1.00	
Non-AERC member Fee	\$15.00		
Banquet Tickets	_____ X \$10.00 ea		
Subtotal			
Sept 14, 2008			
25 mile LD	\$50		
50 mile ride	\$70		
Drug Testing:	\$1.00	\$1.00	
Non – AERC member fee	\$15.00		
Subtotal			
TOTAL FEE			

Paid By: Check _____ Cash _____

Date Paid: _____

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September 13th & 14th, 2008

RELEASE AND HOLD HARMLESS AGREEMENT:

I have entered the Pioneer Cabin Endurance Ride and agree to abide by all its rules, as well as those of the AERC. I understand that endurance riding is a hazardous activity, which often involves being in remote areas far from medical aid. I understand that I am riding the event **AT MY OWN RISK**, and will assume **FULL RESPONSIBILITY** for my safety. Since the Pioneer Cabin Endurance Ride & Tri-Arabian Horse Club & Ride Committee has done everything possible to make this a good, fun, and safe ride, I promise to be a good sport.

I acknowledge the fact that, even though I am on my own, my horse is under veterinary supervision, and I agree to abide by the veterinarian's decisions. At this ride **the veterinarian's word is FINAL!** I will not argue, debate, or dispute the vet's instructions, nor will I shirk my duty of paying the vet's bill if my horse is in need of treatment. I do understand that abuse of the horse is strictly forbidden.

In addition, I and my heirs, executors, and administrators, will hold AERC, Tri-Arabian Horse Club, officers, members and ride managers thereof, and all property owners/tenants whose land I ride or walk or camp on, absolutely **BLAMELESS** for any injury or loss to myself, my guests or my horse which occurs due to my participation in the event, and free them from all liability for such injury or loss. In short, Ride Management, their personnel, landowners, or tenants will NOT be held responsible FOR any injury to me, my guests or my horse Or belongings FOR ANY REASON OF ANY KIND!

RIDE MANAGEMENT RESERVES THE RIGHT TO REFUSE ENTRY TO ANYONE & TO ELIMINATE ANYONE.

SIGNATURE OF PARTICIPANT: _____

PRINTED NAME: _____ DATE _____

Signature of Parent or Guardian: _____ Date _____

(for any rider under the age of 18)

Medical Release:

I hereby give consent for medical treatment for myself if I am unable to render informed consent. This includes any x-ray examination, anesthetic, medical or surgical diagnosis or treatment deemed advisable by and rendered under the general supervision of a physician or surgeon. I agree that neither the physician, surgeon, nor any organization involved assumes any financial responsibility for acting under the authority granted by me. I agree to give consent for medical treatment of any junior or minor participant in the ride. If I have signed as Parent/guardian of the junior/minor and I am unable to give informed consent for that treatment. This consent for junior/minor signed for below includes the entire medical treatment and release for financial responsibility outlined above.

Signature of Rider: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Sponsor (If Applicable): _____ Date: _____