

ENTRY FORM
Bare Bones Endurance Ride
Aug 13, 2011

Ride Manager: Juli Muscutt (406) 202-5845
 Mail Entry form to: Tri-Arabian Horse Club, P.O. Box 9621, Helena, MT 59604-9621
 Make Checks Payable to: Tri-Arabian Horse Club
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SECTION 1 – Rider # will be assigned at ride

Rider # _____

SECTION 2 – Rider and horse information

Rider Name: _____

Address: _____

Phone: _____ E-mail: _____

AHA # _____ AHA Competition Card: ___ yes ___ no

AERC # _____

FTR Wt (< 160 lbs) _____ LT Wt 161-185lbs _____

MD Wt (186-210lbs) _____ HV Wt (211lbs and up) _____

Junior rider (under 18 yrs)? ___yes ___ no

If junior rider - Sponsor name: _____

Horse	For Saturday
Name	
AERC #	
AHA Reg. #	
Breed /Age / Gender / Color	

SECTION 3 – FEES

Item	Fee amt.	Qty	TOTAL	Comments
50-mile entry	\$90	x		
Non-AERC member	\$15 per ride	x		
Drug Test Fee	\$3 per ride	x		
DISCOUNT for Juniors	(\$10)	x	(\$)	
TOTAL DUE				

Date paid: _____ Check # _____ Cash _____

Make Checks Payable to: Tri-Arabian Horse Club

Pioneer Cabin Endurance Ride

Web Address <http://triarabian.org>

Aug 13, 2011

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: _____