

**ENTRY FORM**  
**Pioneer Cabin Endurance Ride**  
**August 15 & 16, 2009**

Ride Manager: Sheri Heffelfinger (406) 443-5342 or 444-3596  
 Mail Entry form to: Tri-Arabian Horse Club, P.O. Box 9621, Helena, MT 59604-9621  
 Make Checks Payable to: Tri-Arabian Horse Club  
**\*DISCOUNT FOR ENTRY RECEIVED BEFORE AUG. 1ST**

**SECTION 1 – Ride selections - Rider # will be assigned at ride**

Saturday (check one):  25  50  2-day 100  Fun Rider # \_\_\_\_\_

Sunday (check one):  25  50  Fun Rider # \_\_\_\_\_

**SECTION 2 – Rider and horse information**

Rider Name: \_\_\_\_\_

AHA # \_\_\_\_\_ AHA Competition Card:  yes  no

AERC # \_\_\_\_\_ PNER# \_\_\_\_\_ MRER# \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Junior rider (under 18 yrs)?  yes  no

If junior rider - Sponsor name: \_\_\_\_\_

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

**SECTION 3 – FEES** \*Note: All entry fees include one Sat. night dinner ticket

Item	Fee amt.	Qty	TOTAL	Comments
25-mile entry	\$80	x		
50-mile entry	\$90	x		
100-mile entry	\$150	x 1		
Non-AERC member	\$15 per ride	x		
Drug Test Fee	\$1 per ride	x		
Fun ride entry	\$35	x		
Non-AERC member, fun ride	\$1 per fun ride	x		
Extra dinner ticket	\$10	x		
Weed free hay bale	\$10	x		
DISCOUNT <i>If entry received before Aug. 1</i>	(\$10 each ride)	x	(\$ )	
<b>TOTAL DUE</b>				

Date paid: \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

Make Checks Payable to: Tri-Arabian Horse Club

# Pioneer Cabin Endurance Ride

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

(Case Sensitive)

## August 15<sup>th</sup> & 16<sup>th</sup>, 2009

### **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)

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### **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: \_\_\_\_\_