



# Old Dominion NO FRILLS 55/30

◆ Friday, April 20<sup>th</sup>, 2018 ◆

*For Ride Management use only*

Rider Number: \_\_\_\_\_

Coggins  Release  TA

Balance Due \$ \_\_\_\_\_

### RIDER INFORMATION

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

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

City/ST/Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Text?  Yes

Email: \_\_\_\_\_

Rider AERC # \_\_\_\_\_

AERC Weight category:  FW  LW  MW  HW

First AERC ride?  Yes  No

Rider ECTRA # (if applicable) \_\_\_\_\_

*If Junior rider (born after 12/01/2001) please fill out below*

Birth Date: Month/Yr \_\_\_\_\_ Sponsor's Name \_\_\_\_\_

### HORSE INFORMATION

Horse Name: \_\_\_\_\_

Breed: \_\_\_\_\_

Breed Reg # (if applicable) \_\_\_\_\_

Color: \_\_\_\_\_ Age: \_\_\_\_\_

Mare  Gelding  Stallion

Horse AERC # \_\_\_\_\_

Horse ECTRA # (if applicable) \_\_\_\_\_

Horse Owner's Name: \_\_\_\_\_

*If pulled for metabolic reasons, horse will NOT leave base camp until released by a vet. (Please initial below)*

Rider's Initials \_\_\_\_\_

Owner's Initials \_\_\_\_\_

**OD Member:** Yes No  I would like to join the OD and get the member discount on *all* OD rides - Annual Membership = \$25 \$ \_\_\_\_\_

**(ENTRIES POST MARKED BY 4/9/18)**

**(ENTRIES POST MARKED AFTER 4/9/18)**

OD MEMBER		NON-MEMBER		
Senior: <input type="checkbox"/> 55 Mile - \$100	55 Mile - \$115	<input type="checkbox"/> 55 Mile - \$140	<input type="checkbox"/> 55 Mile - \$155	\$ _____
Junior: <input type="checkbox"/> 55 Mile - \$70	55 Mile - \$85	<input type="checkbox"/> 55 Mile - \$110	<input type="checkbox"/> 55 Mile - \$125	\$ _____
Senior: <input type="checkbox"/> 30 Mile - \$80	30 Mile - \$95	<input type="checkbox"/> 30 Mile - \$120	<input type="checkbox"/> 30 Mile - \$135	\$ _____
Junior: <input type="checkbox"/> 30 Mile - \$50	30 Mile - \$65	<input type="checkbox"/> 30 Mile - \$90	<input type="checkbox"/> 30 Mile - \$105	\$ _____

Non-AERC Member Day Fee (Does not apply to Introductory Ride) = \$15 \$ \_\_\_\_\_

2018 Raffle Horse tickets: 1/\$10 or 3/\$25 or 5/\$40 \_\_\_\_\_ # tickets = \$ \_\_\_\_\_

**SUBTOTAL:** \$ \_\_\_\_\_

**PAYMENT:** PayPal (payable to: [sustrader@loudounwireless.com](mailto:sustrader@loudounwireless.com)) \$ \_\_\_\_\_

Check (payable to: Old Dominion Equestrian Endurance Org, Inc.) \$ \_\_\_\_\_

Credit Card: Mastercard  Visa  AmExpress  Discover  
 Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CID: \_\_\_\_\_ \$ \_\_\_\_\_

Non-refundable Deposit (NO discount coupons - Balance Due at ride) = \$25 \$ \_\_\_\_\_

**BALANCE DUE:** \$ \_\_\_\_\_

Please mail/email entry, payment, copy current negative coggins (within 12 months) and signed liability forms to:

**Emily Carrico, 12509 Glenbrooke Woods Dr., Oak Hill, VA 20171**

*(If paying by credit card or PayPal you may email all of the above to Emily at [mzstumpy@gmail.com](mailto:mzstumpy@gmail.com))*

*(Note: If paying by PayPal please include copy of your email payment conformation)*

*Questions?? Call or e-mail Diane Connolly, [DCConnolly24@gmail.com](mailto:DCConnolly24@gmail.com) or 703-505-7132*

# Old Dominion Equestrian Endurance Organization, Inc. Liability Release and Authorization

*This release must be signed and returned with your ride entry. No cross-outs or additions are permitted.*

As a participant in a ride sponsored by the Old Dominion Equestrian Endurance Organization, Inc. (aka ODEEO), I agree to abide by the rules of AERC, ECTRA, and the ODEEO.

In consideration for permission to enter and participate in the Old Dominion No Frills ride, I do hereby for myself, my heirs and assigns, release and hold harmless ride management, ride personnel, John Crandell and Ann Mebane, all property owners over whose land the ride both encamps and crosses, AERC and ECTRA, their agents, officers, servants, employees and officials, from all claims, demands, actions and causes of action of any kind, for injury or death sustained by me or my horse, and damage to my property, incurred during this ride, arising from negligence or any other fault. "Ride" includes from the time I and my horse arrive at base camp until the time that we leave the premises, as well as the actual event. "Horse" means the animal(s) I am riding, driving, or have entered.

I understand that horseback riding is an inherently dangerous activity and am aware that 1) the ride involves being in areas for extended periods of time far from communications, transportation, medical and veterinary assistance; 2) that these areas have many natural and man-made hazards, which ride management cannot anticipate, modify, or eliminate; 3) that both my own horse and those of other contestants can be excitable, difficult to control and unpredictable, and can panic, bite, rear, kick, strike, stumble or fall; 4) that as a result of participating in the ride, I or my horse may be injured, die, or my property damaged.

I agree to take full responsibility for myself and my horse and for any other party or animal that accompanies me; I recognize that the ride is a strenuous activity and I represent that I and my horse are in adequate physical and mental condition to participate. I recognize that my participation in the ride is voluntary. I consent to a random drug test to be performed on my horse.

I understand that if the horse I am riding is pulled for metabolic reasons and requires treatment on-site or an additional recheck by a ride vet, this horse may not leave base camp until released by an authorized ride vet. Furthermore, I agree and authorize necessary and urgent treatment by a ride vet for a horse that I own, in the event this horse is ridden by another entrant and I am unable to provide explicit permission before or during the injury or illness event.

*I HAVE READ AND UNDERSTAND THE ABOVE LIABILITY RELEASE, AND AGREE TO BE BOUND BY ITS TERMS AND CONDITIONS.*

Rider Name (Print): \_\_\_\_\_

**SIGNATURES:**

Rider: \_\_\_\_\_ Date: \_\_\_\_\_

Horse Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Junior's Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

# TREATMENT AUTHORIZATION FORM

## No Frills April 20<sup>th</sup> and 21<sup>st</sup>, 2018

**PLEASE NOTE:** No horse can start either of the above listed rides unless this form has been filled out, signed, and returned to the ride secretary.

I, the undersigned, am the owner/agent authorized to give permission for medical care and to guarantee payment for such on behalf of the below named horse that is competing in the following ride(s) checked:

Friday, April 20, 2018 -  NF 30 Mile  NF 55 Mile

Saturday, April 21, 2018 -  NF 30 Mile  NF 55 Mile

<p><i>To be filled in by Ride Secretary ONLY</i></p> <p>HORSE NUMBER: _____</p> <p>RIDER: _____</p> <p>TREATMENT: <input type="checkbox"/> Yes: _____</p> <hr/> <p>Referred to Equine Hospital: No <input type="checkbox"/> Yes: _____</p> <hr/>
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I understand that if this horse is pulled at any point in the ride or stops because of a rider option, I am required to allow the Endurance Treatment Vet (ETV) to perform a courtesy (**no charge**) metabolic/lameness safety check on the horse upon arrival back to base camp. At such time, if treatment is recommended for any condition, the ETV will discuss all options and costs with me. I understand that my consent for treatment is considered a guarantee that I will pay for such treatment. If this horse has been presented to the ETV for evaluation, and the ETV deems it necessary that this horse receive treatment, and if I cannot be reached after attempts have been made to contact me, **I choose the following (checkmark and initial choice):**

- I do **NOT** authorize any diagnostics/treatment to be given to stabilize this horse's medical condition. I understand that if I choose this option, I also give the ETV permission to consult with at least two other equine veterinarians. If, in the majority opinion of those veterinarians, this horse's condition is determined to be life threatening without diagnostics/treatment, I hereby give permission for this horse to be humanely destroyed to prevent further suffering and will pay for that procedure.
- I **DO** authorize and guarantee payment for any diagnostics/treatment to be given to stabilize this horse's medical condition. If the ETV recommends that referral to an equine hospital/clinic for further evaluation and treatment is in the best interest of this horse, I **choose the option below: (checkmark and initial a choice)**
  - I DO NOT want this horse to be referred to an equine hospital/clinic.
  - I DO want this horse to be referred to an equine hospital/clinic, but **only** for a life threatening condition.
  - I DO want this horse to be referred to an equine hospital/clinic for **any** condition (either career ending or life threatening condition).

If I have given permission for referral, this form will be sent with this horse and will serve as permission for the referral hospital/clinic to treat this horse and to guarantee payment for such treatment.

Owner/authorized agent name (printed): \_\_\_\_\_

Owner/authorized agent signature \_\_\_\_\_ Date \_\_\_\_\_

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

Phone: (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

Horse's full name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Age \_\_\_\_ Color \_\_\_\_\_ Sex: \_\_\_\_ Breed \_\_\_\_\_

Insurance:  No  Yes – Contact Info: \_\_\_\_\_

Known medication allergies:  No  Yes – List: \_\_\_\_\_