



Old Dominion 55 & 25 Mile Ride

Friday, June 11th, 2021

Rider Number: _____
 Missing Paperwork: _____
 Meal Tickets: _____
 Raffle Tickets: _____

RIDER INFORMATION	HORSE INFORMATION
Rider Name: _____	Horse Name: _____
Address: _____	Breed: _____
City/ST/Zip: _____	Breed Reg # (if applicable) _____
Phone #: _____ Text? <input type="checkbox"/> Yes	Color: _____ Age: _____
Email: _____	<input type="checkbox"/> Mare <input type="checkbox"/> Gelding <input type="checkbox"/> Stallion
Rider AERC # _____	Horse AERC # _____
AERC Weight category: <input type="checkbox"/> FW <input type="checkbox"/> LW <input type="checkbox"/> MW <input type="checkbox"/> HW	Horse ECTRA # (if applicable) _____
1st AERC ride? <input type="checkbox"/> Yes <input type="checkbox"/> No 1st OD ride? <input type="checkbox"/> Yes <input type="checkbox"/> No	Horse Owner's Name: _____
Rider ECTRA # (if applicable) _____	<i>If pulled for metabolic reasons, horse will NOT leave base camp until released by a vet. (Please initial below)</i>
<i>If Junior rider (born after 12/01/2004) please fill out below</i>	_____
Birth Date: Month/Yr _____ Sponsor's Name _____	Rider's Initials _____ Owner's Initials _____

Become an OD member get discounted entry fees! Membership page. <http://olddominionrides.org/membership.html>

DISTANCE	Postmarked by 6/1/2021		Postmarked After 6/1/2021		Amount
	OD Member	Non-OD Member	OD Member	NON-OD Member	
<input type="checkbox"/> 55 Miles	<input type="checkbox"/> Senior \$155 <input type="checkbox"/> Junior \$85	<input type="checkbox"/> Senior \$170 <input type="checkbox"/> Junior \$100	<input type="checkbox"/> Senior \$195 <input type="checkbox"/> Junior \$115	<input type="checkbox"/> Senior \$210 <input type="checkbox"/> Junior \$130	\$
<input type="checkbox"/> 25 Miles	<input type="checkbox"/> Senior \$100 <input type="checkbox"/> Junior \$60	<input type="checkbox"/> Senior \$115 <input type="checkbox"/> Junior \$75	<input type="checkbox"/> Senior \$140 <input type="checkbox"/> Junior \$90	<input type="checkbox"/> Senior \$155 <input type="checkbox"/> Junior \$105	\$
AERC fees per rider \$11 (Drug fee \$6 + Per rider fee \$5)					+\$11
Camping Fee per horse \$10					+\$10
Sunday Brunch Only *Extra Meal \$10/each (children under 10 free)# of extra tickets ___ x \$10					\$
AERC Day Membership (if not an AERC member) add \$15					\$
2021 Raffle Horse tickets: 1/\$10, 3/\$25, 5/\$40, 10/\$75 # of tickets _____					\$
Total Amount Due					\$

Full payment must be submitted with entry. Refunds less \$50 deposit will be issued if rider cancels before June 6.

Payment choices: Check payable to Old Dominion Equestrian Endurance Org, Inc.

[PayPal @payment@odeeo.org](mailto:payment@odeeo.org)

[Credit Card via Square](#)

Submit completed entry with:

- Full Payment
- Signed Liability/Treatment Auth/ COVID Waiver
- Current coggins

Questions???

Contact Diane Connolly
DCConnolly@gmail.com
 703-505-7132

Emily Carrico @ mzstumpy@gmail.com
 12509 Glenbrooke Woods Drive
 Oak Hill, VA 20171

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 OD), I agree to abide by the rules of AERC, ECTRA, and the OD.

In consideration for permission to enter and participate in the Old Dominion I do hereby for myself, my heirs and assigns, release and hold harmless ride management, ride personnel, 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 manmade 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
Old Dominion June 11th & 12th, 2021

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, June 11, 2021 - OD 25 Mile OD 55 Mile

Saturday, June 12, 2019 - OD 100 Mile OD Intro

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 _____

Known medication allergies: No Yes – List: _____

To be filled in by Ride Secretary ONLY

HORSE NUMBER: _____

RIDER: _____

TREATMENT: Yes: _____

Referred to Equine Hospital: _____

No Yes: _____

OLD DOMINION JUNE 2021

RIDERS' COVID 19 AGREEMENT

Partial Refund up to Sunday June 6th, NO REFUNDS AFTER JUNE 6TH

Please read carefully, initial each bullet point and sign below. This form needs to be mailed with your entry form, along with: a copy of current Coggins, **FULL payment and release forms** in a timely manner in order to be fully registered. The ride secretary must receive ALL YOUR PRE-REGISTRATION documents and payment within 7 days of ride date, or you are not considered registered for the ride.

_____ There will be **NO REGISTRATION TABLE at ride camp**. ALL documents and PAYMENTS MUST be done online in advance. **NO WALK INS**. ANY changes to **horses or distance** MUST BE DONE IN WRITING in an email to Emily by Tuesday evening, June 8th at 11PM. No changes will be made in camp. Rider list, Ride Cards, Rider Packets all need to be made in advance. Thank you for your cooperation. We are doing this for the safety of all involved and to reduce the amount of personal contact.

_____ As of now, Virginia is starting to relax Covid restrictions and the total number gathering at outdoor events has been raised to 1,000. We are no longer limiting the number of entries, and you may now bring a friend or family member with you to the ride.

ARRIVAL: Upon arrival, people will remain in their vehicles until these steps occur:

_____ Each person in the vehicle must confirm they have not had a positive COVID 19 test **or been exposed to a person with COVID 19 in the last 14 days**.

_____ It is the responsibility of the rider/volunteer to ensure that they are healthy before attending No Frills. **Please do not attend the ride if you are showing signs** of illness to include, but not limited to: fever, cough, shortness of breath or difficulty breathing, chills, nausea, vomiting, diarrhea, or loss of sense of smell or taste.

_____ No one with a temperature of **100.4 or higher** will be allowed to stay. **So, PLEASE take your temperature before you leave home. We will try to take temps again with a better, new radar thermometer.**

_____ *****FACE COVERING or MASKS:** Face covering and/or masks will be required: At Vet In, when in P&R box, at ALL Vet checks, Finish Line/final vetting, BC presentation, AND anywhere around the RM trailer, up at the BIG Tent during meetings and awards. Masks and face shields will be provided to P&R, scribes, vets, and volunteers. Riders must provide their own. **Failure to follow this guideline will result in rider disqualification.**

_____ If you are NOT WILLING to follow any one or more of these guidelines, please do not attend the ride, and allow another rider the chance to compete. These guidelines are for the safety of others and you.

_____ Crew: **1 CREW VEHICLE and 1 CREW MEMBER at Bird Haven**. NO EXCEPTIONS! You will be given a crew pass to enter the gate. All other vet checks: 1 CREW vehicle BUT you have more crew personal.

I, _____, agree to these COVID 19 guidelines for the Old Dominion June 2021 Ride that I am attending on _____, 2021.

Signature

Date

This agreement MUST be returned signed with entry form and FULL payment to be entered in the ride.