

Washoe Valley Endurance Rides

Saturday, May 2, 2009 - 25 & 50 miles

Sunday, May 3, 2009 - 25 & 50 miles

A.E.R.C. sanctioned / A.H.A. Local Ride

RIDE ENTRY FORM



Ride Use Only		
Number / Division		
Check / Cash		
Entry Fee		
Non-AERC Fee		
Friday Dinner		
Sat / Sun Banquet		
Total Due		

Please check which day(s) you will be riding:

Amount Due

<input type="checkbox"/> Saturday 25 mile ride	<input type="checkbox"/> Saturday 50 mile ride	<input type="checkbox"/> Sunday 25 mile ride	<input type="checkbox"/> Sunday 50 mile ride	
\$80.00 pre-entry	\$90.00 pre-entry	\$70.00 pre-entry	\$80.00 pre-entry	
\$95.00 after 4/22 postmark	\$105.00 after 4/22 postmark	\$85.00 after 4/22 postmark	\$95.00 after 4/22 postmark	\$ _____

Cancellations by 4/29/09 receive a full refund. After 4/29/09 all but \$10.00 will be refunded. No Shows will receive no refund.

AERC Non-Member Fee \$15.00 (include \$30.00 if you are riding both days and are not an AERC member) \$ _____

Junior Discount (sponsored juniors ride for half price) \$ _____

Ride Manager's will receive a \$25.00 discount off each day (Name of Ride) \$ _____

Will you be eating Spaghetti Dinner with us Friday Night? Yes No

of Tickets needed for Friday Night Spaghetti Feed? _____ @ \$5.00 each \$ _____

Will you be attending the banquet Saturday? Yes No (one dinner included with each Saturday entry)

of Extra Saturday Banquet Tickets needed? _____ Adults @ \$15.00 _____ Children under 12 @ \$5.00 \$ _____

Will you be attending the banquet Sunday? Yes No (one dinner included with each Sunday entry)

of Extra Sunday Tickets needed? _____ \$5.00 \$ _____

Checks will not be cashed until after the ride. Ride refunds will be paid within 30 days. TOTAL ENCLOSED \$ _____

Mail entries to Gina Hall, 1220 Dunbar Drive, Carson City, Nevada 89704 Make checks payable to Connie Creech

Rider _____ Age _____ A.E.R.C. # _____

Sponsor's Name (if this entry is for a junior rider) _____ Sponsor's A.E.R.C. # _____

Participating in the AHA 50 Mile Ride(s)? yes no Is this your first endurance ride? Yes No

Please fill out and sign the separate AHA entry form if you are participating in the AHA 50 Mile Ride(s), along with this form

Phone _____ E-mail Address _____

Address _____

City _____ State _____ Zip _____

Division: FW (up to 160 lbs w/tack) LW (161-185 lbs w/tack) MW (186-210 lbs w/tack) HW (211 lbs & up w/tack) JR

Saturday Horse _____ Age _____ Sex _____ Breed _____

A.E.R.C. # _____ Registration # _____ Color/Markings _____

Horse's Owner _____ A.E.R.C. # _____

Sunday Horse _____ Age _____ Sex _____ Breed _____

A.E.R.C. # _____ Registration # _____ Color/Markings _____

Horse's Owner _____ A.E.R.C. # _____

Emergency Contact: _____ Phone: _____

Liability Release on Reverse Side MUST be signed !!!

THIS RELEASE CONTAINS IMPORTANT LIMITATIONS OF LEGAL LIABILITY -- READ IT!

I wish to participate in the Washoe Valley Endurance Rides. I have read the rules, conditions, and regulations of the Ride and agree to comply with them. I am aware that this endurance course covers difficult terrain, on trails where the footing for horses may be unsure, and will include highway crossing hazards. I further acknowledge that competitive or "endurance" horse riding over considerable distances contains inherent risks of injury and damage to me personally, to my horse, and my equipment. Knowing these facts, I, nevertheless, in consideration of your accepting this entry, do hereby for myself, heirs, executors, and administrators, waive and release the above named ride, AERC, BLM, Nevada State Parks, Control Judges, Treatment Veterinarians, and all other persons, organizations, and agencies, regardless of their capacity in any way connected with the above named ride, or their representatives, heirs, executors, administrators, and assigns from any and all right, claim or liability for damages, or for any and all injuries that may be sustained by me, including injuries to animals, or from any and all claims of any kind or nature that I might have. Further, I do hereby acknowledge that said release will extend to any accidents, damages, or claims arising out of my entry, caused by my own acts or anyone or any animals within my control.

I do acknowledge that I read the foregoing paragraphs, and know and understand the contents thereof.

Signature _____ Date _____

MINORS MUST HAVE THE FOLLOWING LIABILITY SIGNED BY ONE OF THEIR PARENTS/GUARDIANS IF UNDER THE AGE OF 18

We, the undersigned parents or guardians of the above named child, for and in consideration of our child's participation in the above named Ride, do hereby release all persons charged with official capacity in the execution of such Ride, from all claims, demands, suits, or liabilities which otherwise arise by virtue of injury to or occasioned by our child or any horse under such child's direction or control.

We do further authorize any officer, manager, director, or supervisory personnel of the above named Ride, to consent on our behalf, to any emergency medical treatment by a properly licensed person, which may be required for our child, and do agree to indemnify, and hold harmless, anyone giving such consent.

I declare under penalty that the foregoing is true and correct.

Junior's Birth Date _____ Age _____ Sponsor's Name _____

Parent/Guardian Signature _____

Date _____ Relationship to Junior _____

For more information contact:

Connie Creech

Phone Number: (775) 882-6591

E-mail address: CONNIELOU@prodigy.net

Fax Number: (775) 882-0509



Gina Hall

Phone Number: (775) 849-0839

E-mail address: NVhorseldy@charter.net

Fax Number: (775) 849-0948