

ENTRY FORM:

Entry Fee _____ RIDER #: _____
AERC Fee _____ RIDE NAME: _____
Total _____
Cash _____ Miles: _____
Check _____

RIDER NAME: _____ PNER# _____ AERC#: _____

ADDRESS: _____ PHONE: _____

CITY/ST/ZIP: _____

E-MAIL: _____

() JR. () YR () FW. () LW. () MW. () HW.

HORSE NAME: _____ AERC #: _____

HORSE NICKNAME: _____ AGE: _____ SEX: _____ COLOR: _____

BREED: _____ REG #: _____

OWNER: _____

This is a release. It contains limitations on liability. READ IT!!!!!!!!!!!!

I understand that endurance riding is a hazardous activity which involves being in remote areas for a long time, that these areas have many natural and man made hazards which ride management cannot anticipate, identify, modify, or eliminate, that horses can be excitable, difficult to control, and unpredictable, and that accidents can happen to anyone at anytime, and that there is NO ambulance or medical help present. I UNDERSTAND THAT I AM ENTERING THIS RIDE AT MY OWN RISK and upon acceptance of my application for entry in the above described ride, I acknowledge that I assume FULL RESPONSIBILITY for my own safety. I and my heirs, executors, and administrators, will hold PNER, Inc., and all officers and directors thereof, any member of the ride management and ride personnel, and all property owners/tenants whose land the ride crosses BLAMELESS for any injury or loss to myself or my horse which occurs due to my participation and free from all liability for such injury or loss. In short, I will not sue the ride management, their personnel, landowners or tenants, and PNER for ANY REASON. I am fully aware of all ride rules and agree to abide by those rules set down by the ride management, PNER and AERC. I understand AERC rule #13: "Drugs of any kind are prohibited in horses participating in AERC sanctioned endurance rides." I fully understand the consequences for not following ride rules. As a participant in this ride, I have read the above liability release and will agree to abide by ALL rules. I understand that RM is NOT responsible for any damages my horse might incur nor is RM responsible for finding my horse should it get loose.

RIDER'S SIGNATURE _____ DATE _____

MINORS OR JUNIORS MUST HAVE THE FOLLOWING RELEASE SIGNED

We, the undersigned parents or guardians of _____ born on _____ Understand that endurance riding can be a hazardous activity, that injuries or accidents can occur, and that this ride has no medical aid or insurance for my child. We have entered our child in the above named ride AT THEIR OWN RSK and understand that we will assume full responsibility for the child's safety. We have read the above release that our child, as a rider, has signed and fully understand the release and ride rules. We agree to release the PNER and all officers, directors and all members of ride management and personnel, and all landowners/tenants, from all claims, demands, law suits or liabilities which might otherwise arise by virtue of injury to our child or child's horse, no matter who is at fault. We do further, authorize any ride personnel of the above ride to consent in 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 any giving such consent.

SIGNED _____ DATE _____

RELATIONSHIP TO THE ABOVE NAMED MINOR _____

SPONSOR _____