



**VERDA BROWN BAG 25 CTR and 15 CDR**  
**Saturday MAY 9, 2020**  
**CORNISH FAIRGROUNDS, CORNISH, NH**

**Manager and Secretary :**

Kathy Callan-Rondeau 802 484 5510 e-mail kcrvt@icloud.com

**Judges:** Vet Judge : Dr Joan Hiltz Lay Judge: Linda Glock

**Time:** All local riders and those with close accommodations are asked to vet in on Friday evening between 4 - 7 PM. Saturday morning vetting begins at 6:30 AM sharp. No late arrivals accepted after 7:00 AM.

**Location:** Cornish Fairgrounds, Cornish, NH. Directions will be E-mailed with confirmation letter.

**Trail:** The trail will be mostly dirt roads with woodland trails and some pavement. Due to the season some trails may be muddy.

**Farrier:** There will NOT be one available so come well shod, bring an easy boot and a sense of humor.

**Food:** Bring Your Own or better yet indulge at the Food Shack staffed by our volunteers who will be serving up both hot and cold food items.

**Rules:** Some Dogs should be contained or on leash at all times. Hay, shavings and manure must be deposited in specified locations. All ECTRA rules and regulations apply. ECTRA rules require that all riders wear an ASTM-SEI approved helmet. Pass / Fail division is offered for both distances.

**Facilities:** Toilet facilities on the grounds. Camping is allowed and water is available. There are very LIMITED electric hook ups. Offered on a first come first service basis

**Stabling:** Only ten stalls are available and are reserved with your early entry. Fee is \$15. and must be included with entry. Stalls are for overnight use only. No "stall for the day" allowed. Bring your own bedding and stall must be striped at end of ride. Stall fee will go to the local 4 H club.

	25 CTR	15 CDR
<b>Entry Fee:</b>	Member \$ 55.00 _____	CDR \$50.00 _____
	Non Member \$ 70.00 _____	Non-Member \$65.00 _____
	Junior ONLY \$10.00 _____	
	Donation to Scholarship Fund \$ _____	
	Stable Optional \$15.00 _____	
	Electrical Hookup Optional \$15.00 _____	
	Total enclosed	\$ _____

**Entry Requirements:** Negative Coggins test and proof of rabies vaccine is required with entry . Entries limited to 40 riders. Entries will be recorded in order of postmark You will be notified if you are placed on the waiting list.

**Refunds:** All refunds will be made to any competitor if request is made earlier than five (5) days prior to the day of the event. Within the five day period prior to the event, refund will be made only if a replacement is found

ENTRY WILL NOT BE ACCEPTED UNLESS COMPLETE ON THE REVERSE SIDE, SIGNED, PAID-IN-FULL  
 AND ACCOMPANIED BY A NEGATIVE COGGINS TEST AND PROOF OF RABIES VACCINATION

Make checks payable to **VERDA** and send entry to: Kathy Callan-Rondeau  
 217 Baileys Mills Rd  
 Reading, VT 05062

# VERDA ENTRY APPLICATION AND RELEASE FORM

Ride            25 Mile CTR \_\_\_\_\_            15 Mile CDR \_\_\_\_\_            Pass / Fail \_\_\_\_\_

Rider \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Owner \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Horse \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Color \_\_\_\_\_ Breed \_\_\_\_\_ Reg# \_\_\_\_\_

ECTRA Rider # \_\_\_\_\_ Horse # \_\_\_\_\_

VERDA Member? Yes / No            Rookie Rider? Yes / No            Rookie Horse ? Yes / No

I want to ride with \_\_\_\_\_

**Warning:** Under Vermont Law, an equine activity sponsor is not liable for any injury to, or the death of a participant in equine activities resulting from the inherent risks of equine activities that are obvious and necessary, pursuant to 12V. S. A. 1039

## Agreement to Waiver Liability

I understand that the sport of horseback riding and driving is inherently dangerous and that serious injury and death can occur. I agree that if any injury occurs to me or my horse or the equipment that I use or send for use, I will make no claim against the Vermont Equine Riding and Driving Association (VERDA), Eastern Competitive Trail Ride Association (ECTRA), American Endurance Ride Conference (AERC) any other organizations or individuals associated with the event or any of the Officers, Directors, Trustees, Employees or Volunteers. I further agree to hold VERDA, ECTRA, AERC, the Offices, Directors, Trustees, Employees, Volunteers and any Land Owners free and harmless from any liability, claims, suits or damages of whatsoever kind or nature that may be occasioned by the horse used by me or the negligence of the person in charge of such horse and I agree to indemnify and hold harmless the organization and individuals against all liability, claims, suits and expenses including attorney fees incurred, arising out of any injury to any person or damages to any property caused by me, my horse or attendants. **I have read and understand this liability release.**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Must be signed by every competitor or guardian if entrant is under 18 years of age.

### Drug Release

I hereby certify that my horse is not under the influence of medication. I hereby give permission to The Eastern Competitive Trail Ride Association (ECTRA) or any duly appointed agent to check for the possible administration of drugs to my horse by any appropriate or reasonable necessary method.

**Signature of Rider/** \_\_\_\_\_ **Birthday of Junior** \_\_\_\_\_

**Signature of Horse Owner** \_\_\_\_\_

**Signature of Parent or Guardian** \_\_\_\_\_