

**VERDA BARE BONES**

Sunday May14th, 2017

Ride will be held at **Cornish Fair Grounds in Cornish, NH.**

Riders Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ email \_\_\_\_\_

AERC # \_\_\_\_\_ ECTRA # \_\_\_\_\_ Weight Division \_\_\_\_\_

Emergency Contact (name & number) \_\_\_\_\_

Rookie Y/N \_\_\_\_\_ Sponsor (if Jr rider) \_\_\_\_\_

Horse Name \_\_\_\_\_ Registration # \_\_\_\_\_

Owner \_\_\_\_\_ AERC # \_\_\_\_\_ ECTRA \_\_\_\_\_

Breed \_\_\_\_\_ Age \_\_\_\_\_ Color \_\_\_\_\_ Sex \_\_\_\_\_ Rookie Horse Y/ N

--- Please attach copy of up to date coggins ----

Entry Fees: **50 miler** non-member \$110 \_\_\_\_\_

VERDA member \$100 \_\_\_\_\_

Junior \$ 65 \_\_\_\_\_

Ride Managers \$ 75 \_\_\_\_\_

**30 mile LD** non-member \$ 85 \_\_\_\_\_

VERDA member \$ 75 \_\_\_\_\_

Junior **\$ 10** \_\_\_\_\_

Ride Managers \$ 55 \_\_\_\_\_

Non-AERC member \$15 \_\_\_\_\_

**Stall** \$ 10 \_\_\_\_\_

Electric hook up \$ 10 \_\_\_\_\_

Extra meals Dinner Saturday evening \$ 15 \_\_\_\_\_

**Total** \$ \_\_\_\_\_

Send entries to : Ruth Ferland

838 NH Rt12A

Cornish, NH 03745

Any questions, call or email me, (faster response from calls) (603) 675-6833

[Ruthfrlnd@aol.com](mailto:Ruthfrlnd@aol.com)

## **VERDA Bare Bones**

**Agreement of 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 to any equipment that I may use or send for use, I will make no claim against the Vermont Riding and Driving Association (VERDA), ECTRA, AERC or any of their Officers, Directors, Trustees, Employees and Volunteers. I further agree to hold VERDA, ECTRA, AERC, The Officers, Directors, Employees, Volunteers and any Landowners free and harmless from any liability, claims, suits, or damages of whatsoever kind or nature that may be occasioned by the horses used by me or the negligence of the persons in charge of such horses 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 damage to any property caused by me, my horse or attendants.

I signify that I have read, understand and accept the above by signing below.

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

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Horse Owner: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

**LIIL Drug Release** I hereby certify that my horse is not under the influence of medication. I hereby give permission to VERDA, ECTRA, AERC or any duly appointed agent to check for possible administration of drugs to my horse by any appropriate or reasonable necessary method.

Signature of Rider: \_\_\_\_\_

Birthday of Jr.: \_\_\_\_\_ Age of Jr.: \_\_\_\_\_

Signature of Horse Owner: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

