

VERDA BARE BONES Sunday May10th, 2020
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

Entry Fees:	50 miler	non-member	\$110	_____
		VERDA member	\$100	_____
		Junior	\$ 65	_____
		Ride Managers	\$ 90	_____
	30 mile LD	non-member	\$ 85	_____
		VERDA member	\$ 75	_____
		Junior	\$ 10	_____
		Ride Managers	\$ 70	_____
		Non-AERC member	\$15	_____
		Stall	\$ 10	_____
		Electric hook up	\$ 10	_____
Extra meals	Dinner Saturday evening		\$ 15	_____
Total				\$ _____

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

Send enties to : Laura Farrell

1522 Hammond Hill Rd.

West Windsor, VT 05089

Any questions, call or email me, (faster response from calls) 802 - 291-1348

jlfarrell0@gmail.com

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, The undersigned, in consideration of accepting this entry, does hereby, for himself, his heirs, executors, and administrators will make no claim against the Vermont Riding and Driving Association (VERDA), Eastern Competative Trail Riding Association (ECTRA), American Endurance Riding Confrence (AERC) or any of their Officers, Directors, Trustees, Employees and Volunteers. I further agree to hold VERDA, 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: _____

LIll Drug Release I hereby certify that my horse is not under the influence of medication. I hereby give permission to ECTRA 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: _____

