

THIRTY MILE STAGE STOP ENDURANCE RIDE

Cindy L. Wagner: 5546 Neibauer Road, Billings, MT 59106

406*652-8030 406*860-3361

June 21ST & 22nd, 2008

Name: _____ AERC#: _____ AHA#: _____
 Address: _____ DOB: _____
 City: _____ State: _____ Zip: _____
 Phone #: _____ e-mail: _____
 Junior Rider: Y N Sponsor: _____
 Horse's Name: _____ Color: _____ Age: _____
 Breed: _____ Reg.#: _____ Sex: _____ AERC#: _____ AHA# _____
 Markings: _____
 Owner's Name: _____
 Address: _____

Weight Division (weights with all tack):

HWT _____ (211lbs/over) MWT _____ (186-210lbs)
 LWT _____ (161-185lbs) FWT _____ (160lbs/under) JR _____

50 Mile Ride - \$75.00 * 30 Mile Ride - \$55.00
Fun Ride (Sunday) - \$25.00

June 21st, 2008

June 22nd, 2008

50 Mile: _____ \$ _____

50 Mile: _____ \$ _____

30 Mile: _____ \$ _____

30 Mile: _____ \$ _____

Fun Ride: _____ \$ _____

Sub Total:..... \$ _____

Additional Fees/Credits (if necessary)

Drug Testing:..... \$ 1.00

Non-AERC member:..... \$15.00..... \$ _____

Extra Banquet tickets: _____ x \$10.00 ea..... \$ _____

10% discount, Jr. rider: _____ \$ _____

Corrals/Pens (set of 4): _____ x \$15.00 per set per day..... \$ _____

BMC Camp Access Fee: _____ x \$10.00 per day (per rider only)..... \$ _____

Land Owner Access Fee: _____ x \$5.00 per day (per rider only)..... \$ _____

Total Fee's..... \$ _____

*Make check's payable to **Thirty Mile Stage Stop** or **Cindy Wagner***

Paid by: Check #: _____
 Cash: _____

Date Paid: _____

Date Checked In: _____
 # Days Planned to stay: _____

Thirty Mile Stage Stop Endurance Ride

June 21st & 22nd, 2008

RELEASE AND HOLD HARMLESS AGREEMENT:

I have entered the Thirty Mile Stage Stop Endurance Ride and agree to ride by all their rules, as well as those of the AERC. I understand that endurance riding is a hazardous activity, which often involves being in remote areas far from medical aid. I understand that I am riding the event AT MY OWN RISK, and will assume FULL RESPONSIBILITY for my safety. Since the Thirty Mile Stage Stop Endurance Ride committee has done every thing possible to make this a good, fun, and safe ride, I promise to be a good sport.

I acknowledge the fact that, while I am on my own, my horse is under veterinary supervision, and I agree to abide by the veterinarian's decisions. At this ride the veterinarian's word is FINAL! I will not argue, debate, or dispute the vet's instructions, or will I shirk my duty of paying the vet bill if my horse is in need of treatment. I do understand that abuse of the horse is strictly forbidden.

In addition, I and my heirs, executors, and administrators, will hold AERC and officers, any member of the Thirty Mile Stage Stop Endurance Ride committee and officers thereof, and all property owners/tenants whose land I ride or walk or camp on, absolutely BLAMELESS for any injury or loss to myself, my guests or my horse which occurs due to my participation in the event, and free them from all liability for such injury or loss. In short, Ride Management, their personnel, landowners, or tenants will NOT be held responsible for any injury to me, my guests or my horse or belongings FOR ANY REASON OF ANY KIND!

RIDE MANAGEMENT RESERVES THE RIGHT TO REFUSE ENTRY TO ANYONE.

SIGNATURE OF PARTICIPANT:

PRINTED NAME:

Date:

Signature of Parent/Guardian:

Date:

(For any rider under the age of 18)

MEDICAL RELEASE

I hereby give consent for medical treatment for myself if I am unable to render informed consent. This includes any x-ray examination, anesthetic, medical or surgical diagnosis or treatment deemed advisable by and rendered under the general supervision of a physician or surgeon. I agree that neither the physician, surgeon, nor any organization involved assumes any financial responsibility for acting under this authority granted by me. I agree to give consent for medical treatment of any junior or minor participant in the ride, if I have signed as Parent/Guardian of the junior or minor and I am unable to give informed consent for that treatment. This consent for junior/minor signed for below includes the entire medical treatment and release of financial responsibility outlined above.

Signature of Rider: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Sponsor (If applicable): _____ Date: _____