



ENTRY FORM

Sanctioned by: AERC, SERA, ECTRA, SEDRA

Rider Name: _____ AERC# _____

Junior Under 16 Name: _____ (DOB) _____

Junior's Sponsor _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone # _____ Email (please print legibly) _____

Emergency Contact: _____ Phone: _____

Horses Name: _____ AERC# _____

Breed: _____ Reg# _____ Color: _____ Age: _____ Sex _____

Horse Owner (if different from Rider): _____

NEGATIVE COGGINS REQUIRED – PLEASE INCLUDE COPY OF CURRENT COGGINS PAPER

| Check AERC division: | <input type="checkbox"/> Junior (see AERC rules) | <input type="checkbox"/> Young Rider See AERC Rules | <input type="checkbox"/> Featherwght (up to 160lbs) | <input type="checkbox"/> Lightweight (161 to 185 lbs) | <input type="checkbox"/> Middleweight (186 to 210 lbs) | <input type="checkbox"/> Heavyweight (211 lbs & up) | |
|---|---|--|--|--|--|--|--------|
| DISTANCE | | | ENTRY POST MARKED ON OR BEFORE 8/15/17 | | ENTRY POST MARKED AFTER 8/15/17 | | Amount |
| <input type="checkbox"/> Fri. 30 <input type="checkbox"/> Sat.30 | | | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$50 -Jr & YR | <input type="checkbox"/> \$120 <input type="checkbox"/> \$60 - Jr/YR | | \$ |
| <input type="checkbox"/> Fri.50 <input type="checkbox"/> Sat 50 | | | <input type="checkbox"/> \$110 | <input type="checkbox"/> \$55 - Jr & YR | <input type="checkbox"/> \$130 <input type="checkbox"/> \$65 - Jr/YR | | \$ |
| Entry Fee includes camping and a meal for the day you ride | | | | | | | |
| *Extra Meal \$15/ea (children under 10 free): | | | | <input type="checkbox"/> Fri # extra meals ____ | <input type="checkbox"/> Sat # extra meals ____ | | \$ |
| Voluntary donation to the Back Country Horsemen of the Virginia Highlands Trail Fund | | | | | | | \$ |
| AERC Day Membership (if not an AERC member) \$15 | | | | | | | \$ |
| TOTAL CHARGES | | | | | | | \$ |
| Non-Refundable deposit per rider to hold your spot \$25 | | | | | | | -\$25 |
| TOTAL BALANCE DUE AT RIDE or feel free to send full fees with entry | | | | | | | \$ |

Make Checks Payable to: Nancy Sluys and mail to - Diane Cherry 1123 Powder Mill Road, Ivanhoe, VA 24350

**THIS IS A RELEASE. IT CONTAINS LIMITATION ON LIABILITY.
PLEASE READ CAREFULLY.**

As a participant in the IRON MOUNTAIN JUBILEE ENDURANCE RIDE, I agree to abide by the rules of AERC, National Forest Service and Virginia Parks and Recreation, (all hereinafter referred to as "ride management") I understand that endurance and trail riding involves being in remote areas for extended periods of time, far from communications, transportation and medical facilities; 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 happen to anyone at any time. I understand that under Virginia Equine Activity Statute § 3.2-6200 et seq [<http://leg1.state.va.us/cgi-bin/legp504.exe?000+cod+3.2-6200>].

an equine activity sponsor or equine professional is not liable for injury to, or the death of a participant in equine activities resulting from the inherent risks of equine activities. I agree to take full responsibility for myself, the animal I am riding, or own, the named Junior rider and the animal he/she is riding and anyone else in my party. Will hold Ride Management, all ride personnel and all property owners over whose land the ride crosses blameless for any accident, injury or loss that might occur due to my participation in the Iron Mountain Jubilee Endurance Ride and free from all liability for such injury or loss **to the extent allowable by Virginia State law**. I have read and understand this release of liability.

Riders Name Printed _____

Rider's Signature: _____ Date: _____

Parent/Guardian Name Printed _____

Parent/Guardian's Signature _____ Date _____

Horse Owner Name Printed _____

Horse Owner's Signature _____ Date: _____