

2017 Old Dominion
◆ Friday, June 9, 2017 ◆
25 & 50 Mile Ride & Tie

Rider #1 Information		Rider #2 Information	
Rider #1 Name:		Rider #2 Name:	
Street Address:		Street Address:	
City, State, Zip:		City, State, Zip:	
Phone #:		Phone #:	
Email Address:		Email Address:	
First R&T Ride?	Yes No	First R&T Ride?	Yes No
R&T Association #:		R&T Association #:	

Horse Information	
Horse's Name:	Breed:
Registration #:	Color:
Sex:	Age:
Horse's First R&T Ride? Yes No	Horse's R&T #:

All participants must be members of the Ride and Tie Association (www.rideandtie.org). Membership is \$25 per person for an entire year and may be included with race registration.

Division (circle one)	man/man	man/woman	woman/woman
Division (check one):	pro/am* team	novice team	
25 Miles	\$ 100	\$50 for Rider 1	\$50 for Rider 2
50 Miles	\$120	\$70 for Rider 1	\$70 for Rider 2
Ride & Tie membership fee		\$25 for Rider 1	\$25 for Rider 2
Please make checks payable to: Old Dominion Endurance Rides, Inc.			TOTAL =
(*amateur is someone who has not completed more than two sanctioned R&Ts of 20 miles or more, or completed a World Championship race)			
▶▶ MAKE SURE TO RETURN THE SIGNED RELEASE ALSO. ◀◀			
Mail Entry with Check and copy of Coggins to: Susan Trader, 16813 Clarkes Gap Road, Paeonian Springs, VA 20129. Not enough time? Send copy of entry to Susan Trader at SusnTrader@loudounwireless.com (no "a" in Susan). Questions? Email Lani Newcomb at give2bute@aol.com or call (540) 554-2004			

Liability Release

This release must be signed and returned with your ride entry. No cross-outs or additions are permitted.

As a participant in a ride sponsored by the Old Dominion 100-Mile Endurance Ride, Inc., I agree to abide by the rules of the Ride & Tie Association and the Old Dominion 100-Mile Endurance Ride, Inc.

In consideration for permission to enter and participate in the Old Dominion Ride and Ties, I do hereby for myself, my heirs and assigns, release and hold harmless ride management, ride personnel, all property owners over whose land the ride crosses, the Ride & Tie Association, their agents, officers, servants, employees and officials, from all claims, demands, actions and causes of action of any kind, for injury or death sustained by me or my horse, and damage to my property, incurred during this ride, arising from negligence or any other fault. "Ride" includes from the time I and my horse arrive at base camp until the time that we leave the premises, as well as the actual event. "Horse" means the animal(s) I am riding, driving, or have entered.

I understand that horseback riding is an inherently dangerous activity and am aware that 1) the ride involves being in areas for extended periods of time far from communications, transportation, medical and veterinary assistance; 2) that these areas have many natural and man-made hazards, which ride management cannot anticipate, modify, or eliminate; 3) that both my own horse and those of other contestants can be excitable, difficult to control and unpredictable, and can panic, bite, rear, kick, strike, stumble or fall; 4) that as a result of participating in the ride, I or my horse may be injured, die, or my property damaged.

I agree to take full responsibility for myself and my horse and for any other party or animal that accompanies me; I recognize that the ride is a strenuous activity and I represent that I and my horse are in adequate physical and mental condition to participate. I recognize that my participation in the ride is voluntary.

I HAVE READ AND UNDERSTAND THE ABOVE LIABILITY RELEASE, AND AGREE TO BE BOUND BY ITS TERMS AND CONDITIONS.

Rider #1 Signature:	Date:
Rider #2 Signature:	Date:
Parent or Guardian's Signature:	Date:
(if junior rider)	
Horse Owner's Signature:	Date:

2017 TREATMENT AUTHORIZATION FORM

To be given in with entry to all OD Endurance Rides, and Ride & Tie

I, the undersigned, am the owner/agent authorized to give permission for medical care and to guarantee payment for such on behalf of the below named horse that is competing in the following ride(s).

Please fill in name and date of ride(s)

I understand that if this horse is pulled at any point in the ride or stops because of a rider option, I am required to allow the Endurance Treatment Vet (ETV) to perform a courtesy (no charge) metabolic/lameness safety check on the horse upon arrival back to base camp. At such time, if treatment is recommended for any condition, the ETV will discuss all options and costs with me. I understand that my consent for treatment is considered a guarantee that I will pay for such treatment.

If this horse has been presented to the ETV for evaluation, and the ETV deems it necessary that this horse receive treatment, and in the event that I cannot be reached after attempts have been made to contact me, I choose the following (circle and initial choice A or B):

- A. I do not authorize any diagnostics/treatment to be given to stabilize this horse's medical condition. I understand that if I choose this option, I also give the ETV permission to consult with at least two other equine veterinarians. If, in the majority opinion of those veterinarians, this horse's condition is determined to be life threatening without diagnostics/treatment, I hereby give permission for this horse to be humanely destroyed to prevent further suffering and will pay for that procedure.
- B. I do authorize and guarantee payment for any diagnostics/treatment to be given to stabilize this horse's medical condition. If the ETV recommends that referral to an equine hospital/clinic for further evaluation and treatment is in the best interest of this horse, I choose either option 1, 2, or 3 below: (circle and initial a choice)
 - 1. I do not want this horse to be referred to an equine hospital/clinic.
 - 2. I do want this horse to be referred to an equine hospital/clinic, but **only** for a life threatening condition.
 - 3. I do want this horse to be referred to an equine hospital/clinic for **any** condition (either career ending or life threatening condition).

If I have given permission for referral, this form will be sent with this horse and will serve as permission for the referral hospital/clinic to treat this horse and to guarantee payment for such treatment.

Owner/authorized agent name (printed): _____

Address _____

Phone, cell _____ Phone, home _____

Email address _____

Horse's full name _____ Nickname _____

Age _____ Color _____ Sex _____ Breed _____

Insurance contact info if horse is insured _____

List any known medication allergies _____

Owner/authorized agent signature _____ Date _____

PLEASE NOTE: No horse can start either of the above listed rides unless this form has been filled out, signed, and returned to the ride secretary.

HORSE NUMBER: _____ (to be filled in by ride secretary)