

# Ride and Tie Entry Form

Use this form to enter any of the races. Send entries to the race directors at address listed on their flyer or the schedule. Additional forms may be required at race site.

Blackwater Swamp Stomp Ride and Tie (6 mi - \$40, 26/13 mi - \$50) - one form per race please  
Race: \_\_\_ March 4 (6 mi) \_\_\_ March 5 (26 mi) \_\_\_ March 5 (13 mi) \_\_\_ March 5 (6 mi)  
Make checks payable to: Alison Zeytoonian and mail to: 17615 Bowling Green Rd, Smithfield, VA 23430

RIDER #1: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_ Age: \_\_\_\_\_ M \_\_\_ W \_\_\_ R&T # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Number of completed R&T's \_\_\_\_\_ Number of completed Championships \_\_\_\_\_

RIDER #2: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_ Age: \_\_\_\_\_ M \_\_\_ W \_\_\_ R&T # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Number of completed R&T's \_\_\_\_\_ Number of completed Championships \_\_\_\_\_

HORSE'S NAME: \_\_\_\_\_ Age: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

Owner: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_ Address: \_\_\_\_\_

**NOTE:** Both riders must be members of the Ride and Tie Association.

**THIS IS A RELEASE. IT CONTAINS LIMITATIONS ON LIABILITY. READ IT!!!**

I understand that Ride and Ties are hazardous activities which involve being in remote areas for a long time; that these areas have many natural and man-made hazards which race management cannot anticipate, identify, modify, or eliminate; that horses can be excitable, difficult to control, and unpredictable; and that accidents can happen to anyone at anytime, and that there is NO ambulance or medical help present. I UNDERSTAND THAT I AM ENTERING THIS EVENT AT MY OWN RISK and upon acceptance of my application for entry in the above-described race, I acknowledge that I assume FULL RESPONSIBILITY for my own safety. I and my heirs, executors, and administrators, will hold the Ride and Tie Association, AERC, PNER, and all officers and directors thereof, any member of the race management and race personnel, and all property owners/tenants whose land the race crosses BLAMELESS for any injury or loss to myself or my horse which occurs due to my participation and free from all liability for such injury or loss. In short, I will not sue the race management, their personnel, landowners or tenants, Ride and Tie Association, AERC, PNER, for ANY REASON! I am fully aware of all race rules and agree to abide by those rules set down by the race management and Ride and Tie Association. " I fully understand the consequences for not following race rules. As a participant in this race, I have read the above liability release and will agree to abide by ALL rules. I grant my irrevocable permission to the Ride and Tie Association, it's authorized agent, and the event photographer, to use my name and any photographs, videos, motion pictures, records, or any other record of my participation in this event.

Rider # 1: \_\_\_\_\_ DATE: \_\_\_\_\_

Rider #2: \_\_\_\_\_ DATE: \_\_\_\_\_

Horse Owner: \_\_\_\_\_ DATE: \_\_\_\_\_

**MINORS OR JUNIORS MUST HAVE THE FOLLOWING RELEASE SIGNED.**

We, the undersigned parents or guardians understand that Ride and Tie can be a hazardous activity, that injuries or accidents can occur, and that this ride has no medical aid or insurance for my child. We have entered our child in the above named ride AT THEIR OWN RISK and understand that we will assume full responsibility for the child's safety. We have read the above release that our child, as a rider, has signed and fully understand the release and ride rules. We agree to release the Ride and Tie Association, AERC, PNER, and all officers, directors and all members of ride management and personnel, and all landowners/tenants, from all claims, demands, law suits or liabilities which might otherwise arise by virtue of injury to our child or child's horse, no matter who is at fault. We do further authorize any ride personnel of the above ride to consent in our behalf to any emergency medical treatment by a properly licensed person, which may be require for our child, and do agree to indemnify and hold harmless anyone giving such consent. I grant my irrevocable permission to the Ride and Tie Association, its authorized agent, and the event photographer, to use my child's name and any photographs, videos, motion pictures, records, or any other record of my child's participation in this event.

For rider #1: \_\_\_\_\_ DATE: \_\_\_\_\_

Relationship to the above named minor: \_\_\_\_\_

For rider #2: \_\_\_\_\_ DATE: \_\_\_\_\_

Relationship to the above named minor: \_\_\_\_\_