



Fort Valley Ride & Tie October 22nd or 23rd, 2010

Rider #1 Information

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

Rider #2 Information

Name: _____
 Street Address: _____
 City, State, Zip: _____
 Phone #: _____
 Email Address: _____
 First R&T Ride? Yes No
 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 #: _____
 Horse Owner's Name: _____ *I will allow my horse to be tested for drugs.* _____ Owner Initial

Distance (check one) 50 miles 30 miles 15 miles

Date (check one) Friday 10/23 Saturday 10/24

Division (check one):	man/man <input type="checkbox"/>	man/woman <input type="checkbox"/>	woman/woman <input type="checkbox"/>
Division (check one):	pro/am team <input type="checkbox"/>	novice team <input type="checkbox"/>	

	POST MARKED BY 10/13/10	POST MARKET AFTER 10/13/10	<i>You may pay the full amount now or pay a \$25 non-refundable deposit. Balance is due at registration.</i>	SUBTOTAL
50 Miles	\$140 (per team)	\$165 (per team)		
30 Miles	\$95 (per team)	\$120 (per team)		
15 Miles	\$75 (per team)	\$100 (per team)		
Extra Meals	Friday ____ Saturday ____ \$ 10 x ____ Meals =			
R&T Membership Fee	\$25 x ____ Runners =			
<i>Please make checks payable to: Old Dominion Endurance Rides, Inc.</i>				TOTAL =
				Amount of Deposit =
<i>Balance is due at registration</i>				BALANCE DUE =

▶▶ MAKE SURE TO RETURN THE SIGNED RELEASE ALSO. ◀◀

Ride Manager: Claire Godwin crgdvm@aol.com. Mail Entry with Check and copy of Coggins to: **John Marsh** 9005 Streamview Lane, Vienna, VA 22182 (703) 556-0223 (jjmarshiii@earthlink.net).

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 Endurance Rides, Inc., I agree to abide by the rules of the Ride & Tie Association and the Old Dominion Endurance Rides, Inc.

In consideration for permission to enter and participate in the Fort Valley Endurance Rides, 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, AERC, and ECTRA, 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 consent to a random drug test to be performed on my horse.

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: _____

Horse Owner's Signature: _____ Date: _____