

Entry	\$	_____
Meal	\$	_____
Camping	\$	_____
Other	\$	_____
Discount	\$	_____
<b>Total:</b>	<b>\$</b>	_____
Cash		_____
Check #		_____



# EDRA Ride Entry

Rider #	_____
Relay Team #	_____
(if applicable)	

Rev: December 31, 2019

**RIDE NAME:** \_\_\_\_\_ **Miles:** \_\_\_\_\_

**RIDER NAME:** \_\_\_\_\_ **EDRA#** \_\_\_\_\_ **PNER#** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**CITY/ST/ZIP:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_

**YOUTH RIDER (check one):** Yes No If yes, please provide date of birth: \_\_\_\_\_

**WEIGHT CLASS in lbs. with tack (check one):** Up to 170 lbs. 171-200 lbs. 201+ lbs.

**SAFE SPORT TRAINING (check one):** Yes No

**HORSE'S NAME:** \_\_\_\_\_ **HORSE'S EDRA LOGBOOK #:** \_\_\_\_\_

**HORSE'S PNER #:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **SEX:** \_\_\_\_\_ **COLOR:** \_\_\_\_\_

**BREED:** \_\_\_\_\_ **REG #** \_\_\_\_\_ **OWNER:** \_\_\_\_\_

**TEST YOUR METTLE RELAY INFORMATION:** When entering a Test Your Mettle Relay, please provide the names of all team members and the distance each member is planning to ride, totaling the full distance. Each team member must ride a minimum of 25 miles and must complete a separate ride liability release form. The team will be required to file a Ride Plan with the ride manager prior to the start of the relay, outlining the order in which legs will be ridden by each team member.

**RIDER NAME:** \_\_\_\_\_ **EDRA#** \_\_\_\_\_ **EST. DISTANCE:** \_\_\_\_\_

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**RIDER NAME:** \_\_\_\_\_ **EDRA#** \_\_\_\_\_ **EST. DISTANCE:** \_\_\_\_\_

**TEAM NAME:** \_\_\_\_\_ **TOTAL RIDE DISTANCE:** \_\_\_\_\_

## EDRA LIABILITY RELEASE

For and in consideration of participating in this distance ride endorsed by Equine Distance Riding Association (hereafter called EDRA), I understand and agree that:

- distance riding is a hazardous activity;
- distance riding may and likely will involve being in remote areas for long periods of time;
- there may be natural and/or man-made hazards in the area where the ride is located which ride management cannot anticipate, identify, modify, or eliminate;
- equines are capable of being excitable, difficult to control, and/or unpredictable;
- accidents can happen to anyone at any time-whether it is my equine causing injury to another equine or person or whether it is another participant's equine causing injury to me or my equine;
- accidents can also happen to anyone who attends a distance riding event as a spectator or otherwise; and
- there is often NO ambulance or medical help present nor readily available.

I understand and agree that I assume full responsibility for my safety and my equine's safety. To the best of my ability, I will be vigilant in preventing injury to other persons or equines.

In exchange for the privilege of participating in EDRA endorsed distance rides, I, my heirs, executors, and administrators will hold harmless and blameless EDRA, and all officers and directors thereof, all members of the ride management and ride personnel, and all property owners/tenants upon whose land the distance rides are held from all liability for any injury or loss to myself or my horse which occurs due to my participation, or anyone who accompanies me to EDRA events.

I am fully aware of all ride rules and agree to abide by those rules set down by ride management and EDRA. I fully understand the consequences of not following ride rules.

This release is governed by the laws of the state of Washington and is intended to be interpreted as broadly as possible. I agree that exclusive jurisdiction and venue for any legal action against EDRA, its officers, directors, employees, volunteers or agents shall be in Spokane County Superior Court or federal court of the state of Washington, Eastern District. If any part of this agreement is determined to be unenforceable, all other parts shall remain in effect.

I have read and fully understand the above liability release.

SIGNATURE OF RIDER: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

FOR YOUTH'S PARENTS: I am the parent and legal guardian of \_\_\_\_\_ (name of youth). For and in consideration of participating in this distance ride endorsed by Equine Distance Riding Association (hereafter called EDRA), I fully agree to the above release and I sign it on behalf of my child.

Under EDRA rules, minors are required to be accompanied by an adult sponsor at all times during the event. Per the EDRA Minor Athlete Abuse Prevention Policy a minor will be accompanied by two SafeSport trained sponsors when possible. I understand, however, that due to the nature of the sport and the small number of participants at any given event, it may be impossible to find two SafeSport trained sponsors who are willing to volunteer to accompany said minor. Please indicate what you will allow, relative to adult sponsorship:

My child should be withheld from participating in the event or continuing in the event, if two SafeSport trained sponsors cannot accompany her/him during the entire competition.

If two SafeSport trained sponsors cannot accompany my child during the competition, I grant the following permissions (please check all that apply):

- The minor may be sponsored by one SafeSport trained adult and one adult who is not SafeSport trained,
- The minor may be sponsored by two adults, neither of whom are SafeSport trained,
- The minor may be sponsored by a single SafeSport trained adult, and/or
- The minor may be sponsored by a single adult who is not SafeSport trained.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME OF PARENT/GUARDIAN: \_\_\_\_\_

*The above liability of release also applies to Pacific Northwest Endurance Rides, Inc.*