

SANCTIONED RIDE AND TIE EVENT AGREEMENT

THE FOLLOWING IS AN AGREEMENT BETWEEN THE EVENT MANAGEMENT OF THE

Race Director Name

Name of Event

Distances

This is an Elevator Ride Yes No

Street Address of the Event (Insurance company requires this information. Do the best you can)

TO TAKE PLACE ON _____, **2010**, AND THE RIDE AND TIE ASSOCIATION
Date

TERMS

1. The sanctioned portion of the event must be at least twenty (20) miles in length, but not more than one hundred (100) miles.
2. The event must be run according to the Association's Rules of Ride and Tie.
3. A licensed veterinarian must check each horse before, during and after the event.
4. All veterinary checks must be of the "stop & go" variety (i.e., the horse must meet predetermined recovery criteria before continuing). No mandatory holds are allowed, with one exception: A horse having metabolic problems may be held at the discretion of the veterinarian.
5. Request for sanctioning should be sixty (60) days in advance of the event.
6. All races scheduled in 2010 must request sanctioning by July 31, 2010 in order to count for end of the year awards.
7. The event management must require membership in the Ride and Tie Association for all sanctioned events. Competitor's names must be on the current Official Membership List obtained from the Ride and Tie Association in order to participate. If the competitor's name is not on the Membership list a Membership form must be filled out and the appropriate fee must be collected. If, due to faulty or slow reporting of memberships the competitor joined but was not yet listed, the Ride and Tie Association will refund the second payment in full by mail following the race.
8. All sanctioned events must use the Ride and Tie Association's liability insurance. The cost for certificates of "also Insured" and per team fees are included in the Sanctioning Fee.
9. Requests to add additional insureds must be received no later than 15 days prior to the event
10. All membership fees, membership forms, and race results must be sent to the Association within two weeks following completion of the event.

List all entities that require certificates of "Also Insured", their complete mailing address, and any additional information or necessary wording. If more space is required, please attach additional pages.

Additional Insured 1

Name:	
Relationship:	
Address:	
Address:	
Phone:	
Fax:	

Additional Insured 2

Name:	
Relationship:	
Address:	
Address:	
Phone:	
Fax:	

Additional Insured 3

Name:	
Relationship:	
Address:	
Address:	
Phone:	
Fax:	

Return Agreement and \$100 Sanctioning Fee to:
Lani Newcomb
33715 Snickersville Turnpike
Bluemont, VA 20135
(540) 554-2004
(540) 544-2285 FAX
give2bute@aol.com