



No Frills 55/30/20 Endurance Ride and Ride & Tie

◆ Friday, April 19, 2019 ◆
◆ Saturday, April 20, 2019 ◆
Star Tannery, VA

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:	
R&T Association #:	<input type="checkbox"/> First R&T	R&T Association #:	<input type="checkbox"/> First R&T

HORSE INFORMATION

Horse's Name:		Breed:	
Sex: <input type="checkbox"/> Mare <input type="checkbox"/> Gelding <input type="checkbox"/> Stallion	Age:	Color: <input type="checkbox"/> Gray <input type="checkbox"/> Chestnut <input type="checkbox"/> Bay <input type="checkbox"/> _____	
Horse's Owner:		<i>I will allow my horse to be tested for drugs.</i> _____ Owner Initials	
<i>If pulled for metabolic reasons, horse will NOT leave base camp until released by a vet (Please initial below)</i>			
Rider's Initials:		Owner's Initials:	

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: man/man man/woman woman/woman

R&T 2019 membership is FREE for FIRST TIME RIDE & TIE MEMBERS

OD Member: Yes No I would like to join the OD now and get the member discount on all OD rides/R&Ts.

OD Annual Membership = \$25 \$ _____

Dinners for BOTH Thursday and Friday are POTLUCK. Please bring a SIDE DISH to share.

RIDE & TIE DISTANCE/DAY	POSTMARKED BY 4/5/19		POSTMARKED AFTER 4/5/19		SUBTOTAL
	OD MEMBER	NON-MEMBER	OD MEMBER	NON-MEMBER	
<input type="checkbox"/> 20 Mile (Friday) <input type="checkbox"/> 20 Mile (Saturday)	\$80	\$95	\$120	\$135	
<input type="checkbox"/> 30 Mile (Friday) <input type="checkbox"/> 30 Mile (Saturday)	\$90	\$105	\$130	\$145	
<input type="checkbox"/> 55 Mile (Friday) <input type="checkbox"/> 55 Mile (Saturday)	\$100	\$115	\$140	\$155	
2019 Raffle Horse tickets: 1/\$10 or 3/\$25 or 5/\$40 _____ # tickets = \$ _____					
Ride & Tie membership fee of \$25 for: <input type="checkbox"/> Rider 1 and/or <input type="checkbox"/> Rider 2 _____ x \$25 =					
PAYMENT: <input type="checkbox"/> PayPal (payable to: susntrader@loudounwireless.com)					
<input type="checkbox"/> Check (payable to: Old Dominion Equestrian Endurance Organization, Inc.) TOTAL =					
<input type="checkbox"/> Credit Card: <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> AmExpress <input type="checkbox"/> Discover					
Card #:	Expiration Date:		CID:		
You may pay the full amount now or pay a \$50 NON-REFUNDABLE deposit. Amount of Deposit =					
<i>Balance is due at registration</i> BALANCE DUE =					

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

Please mail/email entry with payment, signed liability forms (R&T, OD, & Treatment), and copy of current Coggins to:
Old Dominion Equestrian Endurance Organization, Inc., P.O. Box 4014, Leesburg, VA 20177
(If paying by credit card or PayPal you may email all of the above to SusnTrader@loudounwireless.com)

Old Dominion Equestrian Endurance Organization, Inc. and The Ride & Tie Association Liability Release and Authorization

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 Equestrian Endurance Organization, Inc. (aka OD), and sanctioned by the Ride and Tie Association, I agree to abide by the rules of the Ride & Tie Association, AERC, ECTRA, and the OD.

In consideration for permission to enter and participate in the Old Dominion No Frills Ride and Tie, I do hereby for myself, my heirs and assigns, release and hold harmless ride management, ride personnel, John Crandell and Ann Mebane, all property owners over whose land the ride both encamps and crosses, the Ride & Tie Association, AERC, 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 understand that if the horse I am riding is pulled for metabolic reasons and requires treatment on-site or an additional recheck by a ride vet, this horse may not leave base camp until released by an authorized ride vet. Furthermore, I agree and authorize necessary and urgent treatment by a ride vet for a horse that I own, in the event this horse is ridden by another entrant and I am unable to provide explicit permission before or during the injury or illness event.

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

PRINT NAME	SIGNATURE	DATE
Rider #1:		
Rider #2:		
Horse Owner:		
Parent or Guardian Signature: (if junior rider)		

TREATMENT AUTHORIZATION FORM
No Frills April 19th and 20th, 2019

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.

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) checked:

Friday, April 19, 2019 - 20 Mile 30 Mile 55 Mile

Saturday, April 20, 2019 - 20 Mile 30 Mile 55 Mile

<p><i>To be filled in by Ride Secretary ONLY</i></p> <p>HORSE NUMBER: _____</p> <p>RIDER: _____</p> <p>TREATMENT PROVIDED: _____</p> <hr/> <p>Referred to Equine Hospital: No <input type="checkbox"/> Yes: _____</p>

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 if I cannot be reached after attempts have been made to contact me, **I choose the following (checkmark and initial choice):**

- 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.
- 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 the option below (checkmark and initial a choice)**
 - I DO NOT want this horse to be referred to an equine hospital/clinic.
 - I DO want this horse to be referred to an equine hospital/clinic, but **only** for a life threatening condition.
 - 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): _____

Owner/authorized agent signature _____ Date _____

Address: _____

Phone: (____) _____ Email address: _____

Horse's full name: _____ Nickname: _____

Age ____ Color _____ Sex: ____ Breed _____

Insurance: No Yes – Contact Info: _____

Known medication allergies: No Yes – List: _____



Old Dominion Equestrian Endurance Organization, Inc. Membership Form

**ANNUAL MEMBERSHIP IS JANUARY – DECEMBER.
PLEASE NOTE: APPLICATIONS RECEIVED UP TO OCTOBER 31
WILL BE APPLIED TO CURRENT YEAR ONLY.**

Name: _____

Family Members: _____
(Fill in for Family Membership only)

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell: _____

Email: _____ and _____
(Please print clearly)

Annual Membership: Individual (\$25 – 1 vote) Family (\$35 – 2 votes)

Lifetime Membership: Individual (\$400 – 1 vote forever) Family (\$500 – 2 votes forever)

PayPal. SusnTrader@loudounwireless.com. Please also send complete membership form by email.

Check is enclosed. Credit Card payment this year only. Automatically renew.

Name on the Card: _____

Card Type: Visa MasterCard American Express Discover

Card Number: _____ Expiration Date: _____

Card 3-Digital CID Code (found on the back): _____

I would like to volunteer to help at: rides clinics other events

I agree to uphold and adhere to the rules of the Old Dominion Equestrian Endurance Organization, Inc.

Signature: _____ Date: _____

Checks should be made payable to "Old Dominion Equestrian Endurance Organization, Inc."

Please send completed membership form and payment to:

Old Dominion Equestrian Endurance Organization, Inc.
P. O. Box 4014
Leesburg, VA 20177

Contact: (540) 554-2004 or email: give2bute@aol.com
www.OldDominionRides.org

The Ride and Tie Association Membership Form

Send form and payment to or join on web site with Paypal
 The Ride and Tie Association c/o Susan Smyth
 211 Gold Crest Ct.
 Newcastle, CA 95658

(Membership runs from January 1-December 31) **Please print**

Name	Gender	Birthdate (if under 18)

Address: _____

Phone _____ Email _____

____ My contact information above has changed.

How did you learn about Ride & Tie?

- ____ Ride & Tie Website
- ____ Expo/convention: (which one?) _____
- ____ Magazine/Newspaper? (please indicate) _____
- ____ Other (please indicate) _____

Type of Membership:

____ **Competitor Member:** (\$25) Will receive Ride & Tie Newsletter and Handbook, information and entry form for the Ride & Tie Championship, one vote on Association general membership issues, eligibility for all sanctioned Ride & Ties held during membership year and inclusion and eligibility for the national point system.

____ **Family Membership:** (\$40) Immediate Family living at same address. List all names to be included. Same benefits as Competitor Member, two votes per family.

____ **Supporting Member** (\$100 or more) Same benefits as Member with special thanks from the Ride and Tie Association.

____ **Lifetime Member** (\$500) Same benefits as Competitor Member with no more annual membership fees.

____ **Friend of Ride & Tie** (\$20 or more) Non-competitive member showing support for Ride & Tie. No voting privileges. Will receive Newsletter.

____ **First Time Competitor** (Complimentary for your first ever Ride and Tie Season. Must compete in at least one race to qualify) You receive all competitor member benefits

____ **Race Director** (Complimentary for the season in which you direct a race.) Note that you **MUST** fill out this form and return it in order for your event to be insured and sanctioned. You receive all competitor member benefits.

____ If you are receiving a complimentary membership and wish to join as a **family**, the cost is \$15. You receive all family member benefits.