UMECRA ENTRY AGREEMENT

AMOUNT PAID
RIDER NUMBER

Name of Ride:

Circle one: **COMP** **END** **LD** **NOVICE** **DRIVE** **Distance**

UMECRA DIVISION

HW	LW	JR	DR
❑	❑	❑	❑
186-over	185-under	end 16 comp18	

Rider Name _____ UMECRA Rider No. _____ AERC Rider No. _____

Street _____ City _____ State _____ Zip _____

AERC DIVISION

HW	MW	LW	FW	JR
❑	❑	❑	❑	❑
Over 211	186-210	161-185	below 160	Under 16

Phone _____ Emergency Contact, Phone. _____

Emergency contact person on grounds (at ride) _____

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Name of Horse _____ Owner _____

Age _____ Breed _____ Sex _____ Color _____ Reg. No. _____ Accession # _____ AERC/UMECRA horse Number _____

READ THIS CAREFULLY BEFORE SIGNING

I wish to participate in the above-named ride, attending the event premises with my horse(s) and possibly with family or other support. All references herein to "e", "I" or "my" or such other designations shall include my family and support group, together with my equine(s) or other pets or animals. I acknowledge I am speaking for them in making my entry and am responsible for their behavior and safety. In participating, I fully understand and recognize the inherent risks and dangers involved (whether directly explained but certainly as reasonably foreseeable or as should have been reasonably foreseeable to a prepared participant), as well as the fact that significant unanticipated, uncontrollable and unexpected risks may arise during the ride. I understand competitive and endurance riding involves being in remote areas for extended periods of time, far from communications, transportation, and medical facilities. I recognize other persons may be in the vicinity of the event and whether or not they are participating directly or merely bystanders, I accept that I personally owe them a duty of reasonable care to prevent damage or injury to them, their families or property arising from my participation or the care, custody or control of my equine(s) or other animals or family or friends. I recognize ride management cannot eliminate or control all potential hazards to me or my horse or act to guarantee our safety. I agree to abide by the rules of the ride and UMECRA, which incorporate the rules at AERC for endurance riding, and am familiar with those rules.

WARNING: Under the Equine Activity Liability Act, each participant who engages in an equine activity expressly assumes the risks of engaging in and legal responsibility for injury, loss, or damage to any person or property resulting from the risk of equine activities.

WARNING: Under applicable state laws, an equine professional or event organizer, manager or staff is, or may not be, not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

WARNING: Under applicable state laws and other recreational or equine activity liability act(s), an equine professional or event organizer, manager or staff is, or may not be, liable for an injury to or the death of a participant or the horse(s) of a participant in an equine activity resulting from an inherent risk of the equine activity.

NOTICE: A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine may not be liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in applicable state laws.

NOTICE: Riders and equine owners must carry their own personal liability, equine liability and personal healthcare coverage. UMECRA insurance does NOT cover ride participants for personal liability or their family or supporters personal health or emergency or veterinary care.

I know and understand competitive or endurance riding is an inherently dangerous sporting event and agree to assume the complete risk of injury or damage which my horse might sustain or cause in competing in or attending this ride. As a result, I agree to indemnify and hold harmless the ride management, ride landowners, veterinarians, ride members and agents from and against all loss or damage, including property loss, suffered during or in connection with the loss, resulted directly or indirectly from negligent acts or omissions of the ride management, ride landowners, ride veterinarians, UMECRA, AERC, their directors, officers, committee members or agents. **I HAVE READ AND UNDERSTAND THIS RELEASE.**

Rider's Signature_____Date_____

As parent and/or legal guardian of the above-named junior rider, for and in consideration of this child's participation in this ride, 1 agree to the terms above-stated as well on behalf of myself, my family and this child, and will hold harmless anyone so consenting.

I HAVE READ AND UNDERSTAND THIS RELEASE.

Signature_____Date_____

I have agreed to **SPONSOR** the above named junior and promise to abide by all the AERC and UMECRA rules covering the sponsor-junior relationship.

Signature_____Date_____

Revised December 2014