

ACTRA Sanctioned Ride Entry Form

Please fill out one form per Rider per Ride

Name and Type of Ride _____ Date _____

Location _____

Rider Name _____ JR / **SR** ACTRA# _____ AERC# _____

PSO Membership required for entry (Circle) NSEF / **NBEA / IHC / NEA / Other _____ # _____**

Mailing Address _____

Email Address _____ Phone _____

Emergency Contact Name and Phone _____

Horse Name _____ Age _____ Colour _____

Mare___ Gelding___ Stallion___ ACTRA Mount # _____ AERC Mount # _____

Grade _____ or Registered _____ if registered, Breed Registry _____

Owner Name & Contact _____

Entry Fee _____ + Meals _____ + Late Fee _____ + Other _____ = _____ eTransfer ___ Cheque ___ Cash ___

READ AND UNDERSTAND BEFORE SIGNING

I am aware that there are inherent dangers and risks associated with the above event. I acknowledge that I have voluntarily applied to participate in this event knowing the dangers and risk involved. I agree to freely and fully accept and assume all responsibility for personal injury, death, property damage, or loss associated with my participation in this event. ALSO, I hereby release the trail ride sponsors, organizers, property owners, ACTRA and anyone else associated with this ride of any liabilities resulting from any action, damage or loss that may happen to me or my property. I understand that ACTRA's insurance policy does NOT include Third Party Liability for individual members, so therefore will not respond in the event of any action taken against me or my property as a result of my participation in this event. My signature below is my declarations that I have read, understood, and agree with the above statement and that all information provided on this entry is true.

ACTRA requires all riders to be wearing approved ASTM/SEI helmets while mounted.

SIGNATURE _____ PRINT NAME _____ DATE _____

Permission for minor/junior to ride (under 18 years) must be signed by parent or legal guardian.

I hereby consent to the entry of _____, born _____ in this event and certify that I have read the above foregoing representations and statements and that the same may be deemed a part hereof, and hereby accept responsibility for the participation of said minor.

Signature of parent/guardian _____ Date _____ Relationship _____.