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 (Circ	le) NSEF / NBEA/ IHC / NEA / Other	#
Mailing Address		
Email Address	Phone	
Emergency Contact Name and Phone		
Horse Name		
Mare Gelding Stallion ACTRA M	1ount # AERC I	Mount #
Grade or Registered if regis		
Owner Name & Contact		
Entry Fee + Meals+ Late Fe		TransferCheque Cash
	AD AND UNDERSTAND BEFORE SIGNING	
I am aware that there are inherent danger voluntarily applied to participate in this evand assume all responsibility for personal event. ALSO, I hereby release the trail ride with this ride of any liabilities resulting frounderstand that ACTRA's insurance policy will not respond in the event of any action My signature below is my declarations that information provided on this entry is true. ACTRA requires all rider	vent knowing the dangers and risk involve injury, death, property damage, or loss a e sponsors, organizers, property owners, or om any action, damage or loss that may he does NOT include Third Party Liability fo in taken against me or my property as a re at I have read, understood, and agree wit	ed. I agree to freely and fully accept ssociated with my participation in this ACTRA and anyone else associated appen to me or my property. I r individual members, so therefore sult of my participation in this event. h the above statement and that all
SIGNATURE	PRINT NAME	DATE
Permission for minor/junior to ride (under I hereby consent to the entry of this event and certify that I have read the deemed a part hereof, and hereby accept Signature of parent/guardian	above foregoing representations and sta responsibility for the participation of said	, born in tements and that the same may be d minor.