

ACTRA Sanctioned Ride Entry Form
Please Fill Out One Sheet Per Rider Per Ride

Name and Type of Event: _____ Date: _____

Location of Event _____

Name of Rider _____ ACTRA# _____

*PSO Information: Name (Circle one) NBEA / NSEF / IHC / Other _____ No: _____

You MUST be a current member of your provincial sport organisation to participate in ACTRA events.

Address: _____

E-mail: _____ Phone: _____ JR / SR

Name of Horse: _____ ACTRA mount no. _____

Age: _____ Breed: _____ Reg.#: _____ Color: _____ Sex: G / M / S

Owner name and contact Info. : _____

_____ PSO _____

Emergency Contact: Name _____ Phone: _____

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 declaration that I have read, understood, and agree with the above statement and that all information provided on this entry is true.

SIGNATURE: _____ Date: _____

PRINT NAME: _____

Permission for minor/junior to ride (under 18 years) Must be signed by a 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.

_____ Date _____ Relationship _____

Signature of Parent or Guardian

Entry Fee: _____ @ \$ _____ = \$ _____ Cheque _____ Cash _____ eTransfer _____

Use the space below to itemize all fees included with payment. Thank you!