



Old Dominion Open 100 Mile Ride

◆ Saturday, June 11th, 2022 ◆

RIDER INFORMATION	HORSE INFORMATION
Rider Name: _____	Horse Name: _____
Address: _____	Breed: _____
City/ST/Zip: _____	Breed Reg # (if applicable) _____
Phone #: _____ Text? <input type="checkbox"/> Yes	Color: _____ Age: _____
Email: _____	<input type="checkbox"/> Mare <input type="checkbox"/> Gelding <input type="checkbox"/> Stallion
Rider AERC # _____	Horse AERC # _____
AERC Weight category: <input type="checkbox"/> FW <input type="checkbox"/> LW <input type="checkbox"/> MW <input type="checkbox"/> HW	Horse ECTRA # (if applicable) _____
1st AERC ride? <input type="checkbox"/> Yes <input type="checkbox"/> No 1st OD ride? <input type="checkbox"/> Yes <input type="checkbox"/> No	Horse Owner's Name: _____
Rider ECTRA # (if applicable) _____	<i>If pulled for metabolic reasons, horse will NOT leave base camp until released by a vet. (Please initial below)</i>
<i>If Junior rider (born after 12/01/2005) please fill out below</i>	_____
Birth Date: Month/Yr Sponsor's Name _____	Rider's Initials _____ Owner's Initials _____

Become an OD member and get discounted entry fees! http://odeeo.org/membership.html					
DISTANCE	Entries Postmarked by 5/31/22		Postmarked After 5/31/22		Amount
	OD Member	Non-Member	OD Member	NON-Member	
100 Open	<input type="checkbox"/> Senior \$265	<input type="checkbox"/> Senior \$280	<input type="checkbox"/> Senior \$305	<input type="checkbox"/> Senior \$320	\$
<input type="checkbox"/> Riding <input type="checkbox"/> Cavalry	<input type="checkbox"/> Junior \$175	<input type="checkbox"/> Junior \$190	<input type="checkbox"/> Junior \$205	<input type="checkbox"/> Junior \$220	
AERC FEES per Rider: Drug fees (\$6) + Per Rider fee: (\$5)					+ \$11
Sunday Brunch Only *Extra Meal \$10/each (children under 10 free)# of extra tickets					\$
<input type="checkbox"/> AERC Day Membership (if not an AERC member) \$15					\$
2022 Raffle Horse tickets: 1/\$10, 3/\$25, 5/\$40, 10/\$75 # of tickets _____					\$
Total Amount Due					\$
Full payment must be submitted with entry. Refunds less \$50 deposit will be issued if rider cancels before June 5.					
Payment choices: Check payable to Old Dominion Equestrian Endurance Org, Inc.					
PayPal @payment@odeeo.org			Credit Card via Square		
Submit completed entry with: <input type="checkbox"/> Full Payment <input type="checkbox"/> Signed Liability/Treatment Auth <input type="checkbox"/> Current coggins Emily Carrico @ mzstumpy@gmail.com Or snail mail: 12509 Glenbrooke Woods Drive Oak Hill, VA 20171			Questions??? Contact Ride Manager Diane Connolly DCConnolly@gmail.com 703-505-7132		

Old Dominion Equestrian Endurance Organization, Inc. 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), I agree to abide by the rules of AERC, ECTRA, and the OD.

In consideration for permission to enter and participate in the Old Dominion 100 Mile June ride, I do hereby for myself, my heirs and assigns, release and hold harmless ride management, ride personnel, all property owners over whose land the ride both encamps and crosses, AERC and 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.

Rider Name (Print): _____

SIGNATURES:

Rider: _____ Date: _____

Horse Owner: _____ Date: _____

Junior's Parent/Guardian: _____ Date: _____

TREATMENT AUTHORIZATION FORM

NC & Old Dominion June 9, 10 & 11, 2022

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:

Thursday, June 9, 2022 NC 55
Friday, June 10, 2022 - OD 25 Mile OD 55 Mile
Saturday, June 11, 2022 - OD 100 Mile NC 100

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

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: _____