

Entry	\$	_____
Meal	\$	_____
Camping	\$	_____
Other	\$	_____
Total:	\$	_____
Cash		_____
Check #		_____

# EDRA/PNER Ride Entry

*(To be used at PNER events endorsed by Equine Distance Riding Association)*

Rider # \_\_\_\_\_

**Rev: January 24, 2018**

**RIDE:** \_\_\_\_\_ **Miles:** \_\_\_\_\_

RIDER NAME: \_\_\_\_\_ PNER# \_\_\_\_\_ EDRA# \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY/ST/ZIP: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SENIOR RIDER (yes/no): \_\_\_\_\_ DATE OF BIRTH (if <21 for Jr/Youth Rider status): \_\_\_\_\_

WEIGHT CLASS in lbs. with tack (check one):      Up to 170 lbs.                      171-200 lbs.                      201+ lbs.

HORSE'S NAME: \_\_\_\_\_ HORSE'S EDRA LOGBOOK #: \_\_\_\_\_

HORSE'S PNER #: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX: \_\_\_\_\_ COLOR: \_\_\_\_\_

BREED: \_\_\_\_\_ REG # \_\_\_\_\_ OWNER: \_\_\_\_\_

## EDRA LIABILITY RELEASE

For and in consideration of participating in this distance ride endorsed by Equine Distance Riding Association (hereafter called EDRA), I understand and agree that:

- distance riding is a hazardous activity;
- distance riding may and likely will involve being in remote areas for long periods of time;
- there may be natural and/or man-made hazards in the area where the ride is located which ride management cannot anticipate, identify, modify, or eliminate;
- equines are capable of being excitable, difficult to control, and/or unpredictable;
- accidents can happen to anyone at any time-whether it is my equine causing injury to another equine or person or whether it is another participant's equine causing injury to me or my equine;
- accidents can also happen to anyone who attends a distance riding event as a spectator or otherwise; and
- there is often NO ambulance or medical help present nor readily available.

I understand and agree that I assume full responsibility for my safety and my equine's safety. To the best of my ability, I will be vigilant in preventing injury to other persons or equines.

In exchange for the privilege of participating in EDRA endorsed distance rides, I, my heirs, executors, and administrators will hold harmless and blameless EDRA, and all officers and directors thereof, all members of the ride management and ride personnel, and all property owners/tenants upon whose land the distance rides are held from all liability for any injury or loss to myself or my horse which occurs due to my participation, or anyone who accompanies me to EDRA events.

I am fully aware of all ride rules and agree to abide by those rules set down by ride management and EDRA. I fully understand the consequences of not following ride rules.

This release is governed by the laws of the state of Washington and is intended to be interpreted as broadly as possible. I agree that exclusive jurisdiction and venue for any legal action against EDRA, its officers, directors, employees, volunteers or agents shall be in Spokane County Superior Court or federal court of the state of Washington, Eastern District. If any part of this agreement is determined to be unenforceable, all other parts shall remain in effect.

I have read and fully understand the above liability release. (Signature block is on the back of this form.)

SIGNATURE OF RIDER: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

FOR YOUTH'S PARENTS: I am the parent and legal guardian of \_\_\_\_\_ (name of youth).  
For and in consideration of participating in this distance ride endorsed by Equine Distance Riding Association (hereafter called EDRA), I fully agree to the above release and I sign it on behalf of my child.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME OF PARENT/GUARDIAN: \_\_\_\_\_

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## PNER LIABILITY RELEASE

I understand endurance riding is a hazardous activity which involves being in remote areas for a long time; that these areas have many natural and manmade hazards which ride management cannot anticipate, identify, modify, or eliminate; that horses can be excitable, difficult to control, and unpredictable; and that accidents can happen to anyone at any time, and that there is NO ambulance or medical help present.

I UNDERSTAND I AM ENTERING THIS RIDE AT MY OWN RISK and upon acceptance of my application for entry in the above described ride, I acknowledge I assume FULL RESPONSIBILITY for my own safety. I and my heirs, executors, and administrators, will hold PNER, Inc., and all officers and directors thereof, any member of the ride management and personnel, and all property owners/tenants whose land the ride crosses BLAMELESS for any injury or loss to myself or my horse which occurs due to my participation and free from all liability for such injury or loss. In short, I will not sue the ride management, their personnel, landowners or tenants, and PNER, for ANY REASON.

I am fully aware of ride rules and agree to abide by those rules set down by ride management, PNER and EDRA. I fully understand the consequences for not following these rules.

As a participant in this ride, I have read the above liability release and agree to abide by all requirements.

SIGNATURE OF RIDER: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

## PNER LIABILITY RELEASE for MINORS

We, the undersigned parents or guardians of \_\_\_\_\_ born on \_\_\_\_\_ understand endurance riding can be a hazardous activity, that injuries or accidents can occur, and that this ride has no medical aid or insurance for my child. We have entered our child in the above-named ride AT THEIR OWN RSK and understand we assume full responsibility for the child's safety. We have read the above release that our child as a rider, has signed and fully understand the release and governing ride rules. We agree to release PNER, all officers, directors and all members of ride management and personnel, and all landowners/tenants, from all claims, demands, law suits or liabilities which might otherwise arise by virtue of injury to our child or child's horse, no matter who is at fault. We do further, authorize any ride personnel of the above ride to consent in our behalf to any emergency medical treatment by a properly licensed person, which may be required for our child, and do agree to indemnify and hold harmless any giving such consent.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINTED NAME OF PARENT/GUARDIAN: \_\_\_\_\_

RELATIONSHIP TO THE ABOVE-NAMED MINOR: \_\_\_\_\_

SPONSOR'S NAME, if other than parent or guardian: \_\_\_\_\_