

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

EDRA Relay Entry

Rev: March 28, 2018

RELAY TEAM MEMBERS:	
Rider #	_____
Rider #	_____
Rider #	_____
Rider #	_____

RIDE NAME: _____ Miles: _____

RIDER #1 NAME: _____ EDRA# _____
 ADDRESS: _____ PHONE: _____
 CITY/ST/ZIP: _____ E-MAIL: _____

HORSE'S NAME: _____ HORSE'S EDRA LOGBOOK # _____
 HORSE'S NICK NAME: _____ AGE: _____ SEX: _____ COLOR: _____
 BREED: _____ REG # _____ OWNER: _____

RIDER #2 NAME: _____ EDRA# _____
 ADDRESS: _____ PHONE: _____
 CITY/ST/ZIP: _____ E-MAIL: _____

HORSE'S NAME: _____ HORSE'S EDRA LOGBOOK # _____
 HORSE'S NICK NAME: _____ AGE: _____ SEX: _____ COLOR: _____
 BREED: _____ REG # _____ OWNER: _____

RIDER #3 NAME: _____ EDRA# _____
 ADDRESS: _____ PHONE: _____
 CITY/ST/ZIP: _____ E-MAIL: _____

HORSE'S NAME: _____ HORSE'S EDRA LOGBOOK # _____
 HORSE'S NICK NAME: _____ AGE: _____ SEX: _____ COLOR: _____
 BREED: _____ REG # _____ OWNER: _____

RIDER #4 NAME: _____ EDRA# _____
 ADDRESS: _____ PHONE: _____
 CITY/ST/ZIP: _____ E-MAIL: _____

HORSE'S NAME: _____ HORSE'S EDRA LOGBOOK # _____
 HORSE'S NICK NAME: _____ AGE: _____ SEX: _____ COLOR: _____
 BREED: _____ REG # _____ OWNER: _____

When entering a Test Your Mettle Relay, please provide the names of all team members, the loops and distances each member is planning to ride, totaling the full distance to be completed by the team. **Each team member must ride a minimum of 25 miles.** The information you provide on the next page is considered the team's Ride Plan and must be submitted to the ride manager prior to the start of the relay.

Rider number and rider name	Loop name or number & distance to be ridden	Loop name or number & distance to be ridden	Loop name or number & distance to be ridden	Total Distance <i>(must be a minimum of 25 miles)</i>
#1:				
#2:				
#3:				
#4:				
Total distance for entire relay team	n/a	n/a	n/a	

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 OF **RIDER #1:** _____ DATE: _____

PRINTED NAME: _____

SIGNATURE OF **RIDER #2:** _____ DATE: _____

PRINTED NAME: _____

SIGNATURE OF **RIDER #3:** _____ DATE: _____

PRINTED NAME: _____

SIGNATURE OF **RIDER #4:** _____ DATE: _____

PRINTED NAME: _____