

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

EDRA Ride Entry

Rider # _____

Rev: January 24, 2018

RIDE: _____ **Miles:** _____

RIDER NAME: _____ 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: _____ NICKNAME: _____

EDRA LOGBOOK: _____ 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: _____