



# Old Dominion 100/50/25/20

## Endurance Ride, Ride & Tie and Equathon

◆ Friday, June 11, 2021 ◆

◆ Saturday, June 12, 2021 ◆

Orkney Springs, VA

### RIDER #1 INFORMATION

Rider #1 Name:		Rider #2 Name:	
Street Address:		Street Address:	
City, State, Zip:		City, State, Zip:	
Phone #:		Phone #:	
Email Address:		Email Address:	
R&T Association #:	<input type="checkbox"/> First R&T	R&T Association #:	<input type="checkbox"/> First R&T

### HORSE INFORMATION

Horse's Name:		Breed:	
Sex: <input type="checkbox"/> Mare <input type="checkbox"/> Gelding <input type="checkbox"/> Stallion	Age:	Color: <input type="checkbox"/> Gray <input type="checkbox"/> Chestnut <input type="checkbox"/> Bay <input type="checkbox"/> _____	
Horse's Owner: _____		I will allow my horse to be tested for drugs. _____ Owner's Initials	
If pulled for metabolic reasons, horse will NOT leave base camp until released by a vet. _____ / _____		Riders' initials _____ Owner's Initials _____	

All participants must be members of the Ride and Tie Association ([www.rideandtie.org](http://www.rideandtie.org)). Membership is \$25 per person.

**First year's membership is FREE for FIRST TIME RIDE & TIE MEMBERS**

Distance		POSTMARKED BY 5/28/21		POSTMARKED AFTER 5/28/21		SUBTOTAL
		OD Member	Non-Member	OD Member	Non-Member	
20 Mile R&T	<input type="checkbox"/> Saturday only	\$110	\$125	\$150	\$165	
25 Mile R&T	<input type="checkbox"/> Friday only	\$110	\$125	\$150	\$165	
Equathon (12/6)	<input type="checkbox"/> Friday <input type="checkbox"/> Saturday	\$110	\$125	\$150	\$165	
Equathon (12/12)	<input type="checkbox"/> Friday <input type="checkbox"/> Saturday	\$110	\$125	\$150	\$165	
50 Mile R&T	<input type="checkbox"/> Friday only	\$165	\$180	\$205	\$220	
100 Mile R&T	<input type="checkbox"/> Saturday only	\$265	\$280	\$305	\$320	
<b>Camping Fee \$20 per horse for the weekend</b>						<b>\$20</b>
<b>FEE SUBTOTAL</b>						
Ride & Tie membership fee of \$25 for:		<input type="checkbox"/> Rider 1 and/or <input type="checkbox"/> Rider 2				
PAYMENT: <input type="checkbox"/> PayPal (payable to: <a href="mailto:janiceheltibridge@gmail.com">janiceheltibridge@gmail.com</a> )						
<input type="checkbox"/> Check (payable to: Old Dominion Equestrian Endurance Organization, Inc.) Check # _____						
*****Full payment must be submitted with entry*****						
<b>TOTAL DUE =</b>						
<b>▶▶ MAKE SURE TO RETURN THE SIGNED RELEASE ALSO. ◀◀</b>						
Please mail/email entry with payment, signed liability forms (R&T, ODDEO & Treatment), and copy of current Coggins to: <b>Janice Heltibridge, 6746 Back Rd, Maurertown, VA 22644</b> <i>(If paying by PayPal you may email all of the above to <a href="mailto:janiceheltibridge@gmail.com">janiceheltibridge@gmail.com</a>)</i>						

# 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), and sanctioned by the Ride and Tie Association, I agree to abide by the rules of the Ride & Tie Association, AERC, ECTRA, and the OD.

In consideration for permission to enter and participate in the Old Dominion 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 #1 Name (Print): _____	Signature _____	Date: _____
Rider #2 Name (Print): _____	Signature _____	Date: _____
Horse Owner Signature: _____		Date: _____
Junior's Parent/Guardian: _____		Date: _____

# TREATMENT AUTHORIZATION FORM

Old Dominion June 11<sup>th</sup> & 12th, 2021

*To be filled in by Ride Secretary ONLY*

**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.

HORSE NUMBER: \_\_\_\_\_

RIDER: \_\_\_\_\_

TREATMENT PROVIDED: \_\_\_\_\_

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:

Referred to Equine Hospital:

No  Yes: \_\_\_\_\_

Fri, June 11, 2021 -  OD 25 Mile R&T  OD 50 Mile R&T

OD Equathon (12/6 or 12/12)

Sat, June 12, 2021 -  OD 20 Mile R&T  OD 100 Mile R&T

OD Equathon (12/6 or 12/12)

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: \_\_\_\_\_