ENTRY AGREEMENT

(Multi-Purpose Ride Entry Form) **ACTRA Sanctioned Rides**

| | Name . | | IDRCTR | LD | Distance Entering |
|--|---|--|--|--|---------------------------|
| HORSE | Name | | Age | Breed | |
| | Color | or Mare Geldin | | 3 Stallion ACTRA Mount # | |
| | Owner Name and Address | | | | |
| RIDER | Name | | ACTRA Mbr Yes No Jr Sr | | Jr Sr |
| | Address | | FOR ENDURANCE RIDES ONLY Rider AERC # | | |
| | Phone Number | | | | |
| EMERGENCY INFORMATION | Emergency Contact Name | Emergency Contact Phone Number | | | |
| | Arrival Vehicle Description & License Plate Number | | | | |
| | | HIS CAREFULLY BEF | OKE SIGNING | , | |
| appen to me, my pr | ponsors, organizers, property owners, ACTRA operty or my horse during or after this ride. Is aay be caused to either myself or my property | RELEASE OF LIABILITY A and everyone else associate am participating in this even | ed with this ride of an | y liabilities re | |
| appen to me, my pr ny damage which m rstand that ACTR. | ponsors, organizers, property owners, ACTRA operty or my horse during or after this ride. Is | RELEASE OF LIABILITY A and everyone else associate am participating in this even ird Party Liability for indi | ed with this ride of an t with the knowledge t | y liabilitics n hat property | owner(s) may not be carry |
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SIGNATURE OF PARENT OR GUARDIAN DATE RELATIONSHIP Cash Cheque _____ Entry Fee : _ _@\$ S

ACTRA Membership Fee: Single \$ 20.00 Family \$ 30.00