

MapleRidgeRide Entry

Saturday, September 5, 2015

RidersName _____ ACTRA# _____ AERC# _____

Address _____ City _____

Province _____ PostalCode _____

E-mail _____

AERC Weight Division (circle one)

JR FW (0-160lbs) LW (161 – 185 lbs) MW (186-210 lbs) HW (211+ lbs)

Juniors DOB _____ Juniors Signature _____

Emergency Contact (Name and Phone) _____

Horse Name _____ ACTRA# _____ AERC# _____

Age _____ Breed _____ Color _____ Sex _____

Owner _____ Contact # _____

Owner AERC # _____

I hereby release the trail ride sponsors, organizers, property owners, ACTRA and everyone else associated with this ride of any liabilities resulting from any action , damage or loss that may happen to me, my property or my horse during or after this ride. I am participating in this event with the knowledge that property owner(s) may not be carrying insurance to cover any damages that happens to me, my property or my horse. I also understand that ACTRA's insurance policy does not include Third Party Liability for individual members so therefore will not respond in the event of any action taken against me or my property as a result of my participation in this event.

Please initial the appropriate choice

I **am** an ACTRA member and I **am** a member of NSEF or NBEA or IHC or have a Homeowner policy.

I am **NOT** an ACTRA member, but I **have** insurance through NSEF or NBEA or IHC or have an Homeowners policy.

NSEF or NBEA or Island Horse Council or Homeowners Policy # _____

Signature of Rider

Date

Signature of Owner

Date

Rider Fees

50 miles \$90.00 Jr \$65.00 _____

25 Miles \$50.00 Jr \$35.00 _____

15 miles \$35.00 _____

Extra meals : Breakfast # _____ x \$5.00 _____

Awards dinner # _____ x \$10.00 _____

Total Due _____

Make checks payable to:

Betty Dwyer
1 Centredale Rd
RR#1 Hopewell, NS
B0K 1C0

There is no late entry fee, but, please be courteous enough to let me know your intentions so we can plan the appropriate amount of food, prizes etc.