

LAST HOORAH! ENDURANCE RIDE May 13, 2017

RIDER INFORMATION:

AERC# _____ TERA# _____ NAME _____
Address _____ City _____ St _____ Zip _____
Phone _____ Emergency contact person & number _____
E-Mail _____
T-shirt size : Small Medium Large X-Large Rider Division: Fwt Lwt Mwt Hwt Jr
Jr Birthday _____ Sponsor signature _____

HORSE INFORMATION:

Horse AERC# _____ Name: _____
Breed _____ Age _____ Color _____ Sex: Mare Gelding Stallion
Owners name & AERC # _____

ENTRY FEES:

25 mile \$110.00 (this includes ranch fee and AERC rider fees) \$ _____
50 mile \$115.00 (this includes ranch fee and AERC rider fees) \$ _____
All Juniors (16 & under) any distance: \$65.00 No other discounts \$ _____ 25 or 50 (circle)
Intro riders: \$50.00 No discounts apply to intro riders \$ _____
DISCOUNTS: TERA member less \$ 5.00 - \$ _____
Early entry discount: postmarked by May 1 less \$ 10.00 - \$ _____

ADDITIONAL FEES :

AERC membership not current : + \$15 + \$ _____ Does not apply to intro riders
TOTAL: \$ _____

As a participant in the Last Hoorah! Endurance Ride, I _____ agree to abide by the rules of AERC, TERA , and Last Hoorah! ride rules. I understand that endurance riding involves being in remote areas for extended periods of time, far from communication, transportation, and medical facilities, that these areas have many natural or man-made hazards which ride management cannot anticipate, identify, modify, or eliminate: that horses can be excitable, difficult to control and unpredictable; and that accidents can happen to anyone at any time. I agree to take full responsibility for myself and the animal I am riding. I will hold the ride management, all ride personnel, and all property owners over whose land the ride covers, blameless for any accident, injury or loss and free from all liability of such injury or loss that may occur due to my participation in the ride. I have read and understand this liability release.

Rider Signature _____ Date _____
Junior Parent/Guardian _____ Date _____
Horse Owner's Signature _____ Date _____

MAKE CHECKS TO: Kim Reeves – MAIL TO: Kim Reeves, 11404 FM 200, Cleburne, TX 76033