



JO TATE MEMORIAL RIDE I & II

35/50/100 Sat. 15/35/50 Sun.

35 miles is an elevator both days
Sanctioned by AERC, OCER & MOTDRA

May 29 & 30, 2010

WHERE: Flag Springs Cons. Area, West of Washburn, Mo.

VETERINARIANS: Dr. Leon Self, & Dr. Jeanie Hauser

Entry fees: See Ride Entry Form

Camp fee: yes

NEW.....15 miles introductory/fun ride \$35/\$30

NO DOGS ANYWHERE IN CAMP EXCEPT AT YOUR OWN TRAILERS!!

Start times: 100 milers- 3:00am 50 milers- 6:00am 35 milers-7:00am 15 milers-9:00.

All vet checks in camp. Limited water in camp, bring plenty of horse & human water. This is a beautiful trail to ride, from fast to slow, rocky to smooth. Plenty of water on trail, no bogs or mud. Three different loops. Please let me know if you are a new rider to this sport.

DIRECTIONS: South of Cassville on 37 to Washburn. West on 90 approx. 2½ miles to UU. Right on UU to Flag Springs sign. Turn left onto dirt road at Flag Spring sign, at " Y" stay to the right and continue to camp. If coming from the east on I-44 take exit 44(H, Monett, Mt. Vernon), follow H to Monett, go west on 60 to 37 south. From North & West, go south on 59 (old alternate 71) to 60. Go east on 60 to 37 then south.

POT LUCK SUPPER will be after the last 50 milers finish on Saturday. Riders & families that arrive on Sat. for the Sunday ride are encouraged to join everyone for the potluck also. Sunday night potluck if we can all scrape up enough energy and leftovers. We always have!! (Gives time for management to get paperwork done)!!! Awards for ALL will be after supper!! If you must leave early please make arrangements for someone to pick up your things.

Negative coggins required and health certificate for out of state horses.

IF YOU WILL BE ARRIVING IN CAMP BEFORE FRIDAY, MAY 27 CALL ME. IF YOU ARE IN THE WRONG SPOT YOU WILL BE ASKED TO MOVE.

JODI HESS-SCHLUP & ALLISON SCHLUP 417 548-2547

jotatemem@yahoo.com NEW EMAIL !!!!

All AERC and OCER rules and guidelines will govern this ride.

******RSVP - VERY IMPORTANT THIS YEAR !!!!! THANK YOU******

JO TATE MEMORIAL RIDE I & II

RIDER'S AERC# _____ DISTANCE _____ WT. DIV _____

RIDER'S NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE# _____ E-MAIL _____ BIRTH DATE _____

OCER MEMBER Y / N AERC MEMBER Y / N JUNIOR RIDER Y / N FIRST RIDE Y / N

WEIGHT DIVISIONS _____ FEATHERWEIGHT (0 TO 160 POUNDS)
_____ LIGHTWEIGHT (161 TO 185 POUNDS)
_____ MIDDLEWEIGHT (186 TO 210 POUNDS)
_____ HEAVYWEIGHT (211 UP.....)

HORSE'S NAME _____ AERC # _____

BREED _____ REG. # _____ COLOR _____ AGE _____ SEX _____

OWNER IF DIFFERENT THAN RIDER _____

PLEASE READ AND SIGN BELOW:

I AGREE TO ABIDE BY AERC RULES AND I UNDERSTAND ENDURANCE RIDING INVOLVES BEING IN REMOTE AREAS FOR EXTENDED PERIODS OF TIME AWAY FROM COMMUNICATIONS AND MEDICAL FACILITIES. THESE AREAS HAVE NATURAL AND MANMADE HAZARDS WHICH RIDE MANAGEMENT CANNOT CONTROL, IDENTIFY, MODIFY, OR ELIMINATE. I UNDERSTAND ALSO THAT HORSES CAN BE EXCITEABLE, DIFFICULT AND UNPREDICTABLE AND THAT ACCIDENTS CAN HAPPEN TO ANYONE AT ANY TIME. I AGREE TO TAKE FULL RESPONSIBILITY FOR MYSELF, MY CHILDREN, MY ANIMALS, AND MY PROPERTY AND WILL NOT HOLD AERC, OCER, RIDE MANAGEMENT, PERSONNEL OR PROPERTY OWNERS ON WHOSE LAND I RIDE, TO BLAME FOR ANY ACCIDENTS, AND FREE FROM ANY LIABILITY OR LOSS THAT MIGHT OCCUR DUE TO MY PARTICIPATION IN THE RIDE LISTED ABOVE.

I HAVE READ THIS RELEASE AND UNDERSTAND IT.

DATE _____ SIGNED _____

JUNIOR RIDER _____ BIRTH DATE _____

PARENT OR GUARDIAN SIGNATURE _____

SPONSOR'S SIGNATURE _____

AUTHORIZATION FOR MEDICAL TREATMENT FOR RIDER OR MINORS IN CAMP.

_____ DATE _____

RIDE FEES:	SENIORS	JUNIORS		
100 MILES	\$130	\$75	\$	_____
50 MILES	\$85	\$55	\$	_____
35 MILES	\$75	\$45	\$	_____
15 MILES	\$35	\$30	\$	_____
CAMP FEE	YES		\$	_____
NON AERC	ADD \$15	ADD \$15	\$	_____
TOTAL			\$	_____

CASH _____ CHECK _____