

ANTELOPE ISLAND ENDURANCE RIDE – 13-14 April 2024 (Saturday-Sunday)

c/o JEFF STUART 6553 S. 1500 E. Ogden, UT 84405 TEL: 801-540-5333

e-mail: j4kstuart@msn.com

Checks to: Jeff Stuart

RIDER'S NAME: _____ AERC#: _____

PHONE: _____ - _____ - _____ EMAIL : _____

HORSE'S NAME: _____ AERC#: _____

BREED/REG#: _____ HORSE AGE: _____ SEX: _____ COLOR: _____

OWNER'S NAME/CONTACT: _____

Please check appropriate boxes for each day's ride:

WT. DIVISION:

ENTRY FEES: **CHECK** ride and **CIRCLE** days riding

- | | | |
|---|---|----------|
| <input type="checkbox"/> HEAVY (211+ LBS.) | <input type="checkbox"/> \$120 – Sat 30 mile, Sun 25 mile | \$ _____ |
| <input type="checkbox"/> MIDDLE (186-210 LBS) | <input type="checkbox"/> \$80 JR Sat - 30 mile, Sun 25 mile | \$ _____ |
| <input type="checkbox"/> LIGHT (161-185 LBS.) | <input type="checkbox"/> \$120 – Sat 50 mile, Sun 50 mile | \$ _____ |
| <input type="checkbox"/> FEATHER (0-160 LBS.) | <input type="checkbox"/> \$80 JR Sat 50 mile, Sun 50 mile | \$ _____ |
| <input type="checkbox"/> JUNIOR | <input type="checkbox"/> \$195 – 2 Day 100 MILE for BOTH DAYS (Sat-Sun) | \$ _____ |
| | <input type="checkbox"/> \$55 – Sat Intro ride, Sun intro ride | \$ _____ |
| | <input type="checkbox"/> \$20 / DAY NON-AERC MEMBER | \$ _____ |

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TOTAL: \$ _____

ANTELOPE ISLAND ENDURANCE RIDE WAIVER CONTRACT: I have entered the ANTELOPE ISLAND Endurance Ride and agree to ride by all their rules, as well as those of the AERC. I understand that endurance riding is a hazardous activity, which often involves being in remote areas far from medical aid. I understand that I am riding the event at MY OWN RISK, and will assume FULL RESPONSIBILITY for my safety, those in my party and my horse(s). I will abide by all COVID guidelines and practices. I acknowledge the fact that, while I am on my own, my horse is under veterinary supervision, and I agree to abide by the veterinarian's decisions, as at this ride the veterinarian's word is FINAL. I will not argue, debate or dispute the vet's instructions, nor will I shirk my duty of paying the vet bill if my horse is in need of treatment. I do understand that abuse of the horse is strictly forbidden.

In addition, I and my heirs, executor, and administrator, will hold AERC and officers thereof, any member of the ANTELOPE ISLAND Endurance Ride Committee and officers thereof, Utah State Parks and its employees, and all property owners/tenants whose land I ride/walk over, absolutely BLAMELESS for any injury or loss to myself or my horse which occurs due to my participation, and free them from all liability for such injury or loss. In short, I nor anyone associated with me or by business, WILL NOT SUE the ANTELOPE ISLAND Endurance Ride Management, their personnel, Utah State Parks FOR ANY REASON OF ANY KIND! RIDE MANAGEMENT RESERVES THE RIGHT TO REFUSE ENTRY TO ANYONE.

SIGNATURE OF PARTICIPANT: _____ DATE: _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

(For any rider under the age of 18)

VERIFICATION OF AERC MEMBERSHIP WILL BE REQUIRED