



RIDE THE TALLADEGA

Friday & Saturday, OCTOBER 3-4, 2025 • 25/50/75 Mile Endurance Ride

Intro Ride Available, Sanctioned by AERC & SEERA

Online entries via ericv2.com/SOLE Ride Secretary: Eric Rueter 865-599-3594, eric@FleetFootFarm.com

Ride Manager: Christo Dinkelman, endurance0715@gmail.com, text or phone call or email.

Co-Manager: Marcia Weilbach, 770-301-2634, endurance0715@gmail.com, text or email preferred.

Camping: Primitive camping, \$6.00 per day per trailer paid directly to Talladega National Forest at Campground (envelopes provided- drop into pipe mailbox). Portable toilets provided. Water for horses provided in camp.

No meals: Meals provided for volunteers only. Organizing a food truck. Will post more details on Facebook closer to ride. Parking will be tight to accommodate all.

Terrain: The trails at Talladega has a variety of terrain with mainly single-track technical trail over rolling hills, & some forest roads. Hoof protection is advised.

The weather in early October average mid to upper 70s for the highs and around 50 for the lows.

There are ample natural water sources, & water crossings on trail and troughs will be at select spots.

Head vet: Dr. Ken Marcella; Treatment: Coosa Valley Equine: 205-338-1111. 1330 Mineral Springs Road, Pell City, AL (53 minutes from ride camp – 57mi).

Vet in begins ~3 PM Central Thursday for Friday's ride and worked in between riders on Friday for Saturday's start. No vetting in after dark. Please plan accordingly. Ride briefings on Thursday and Friday evenings followed by a New Rider Briefing. Awards on Friday and Saturday evenings. Start for the 50-mile ride will be after daylight; the 25 mile riders and Intro riders will leave after that. A full schedule will be provided in your ride packet & at the rider's meeting.

Awards: Completion T-Shirts to all who finish meeting ride criteria and following all ride rules. Top 10 awards for the 50-mile riders; Top 10 awards for the 25-mile riders; Top Juniors for both distances. Best condition & High Vet Score for all distances.

Entry Fees: 50 Miles (SR) = \$150 25 Miles (SR) = \$150. 75-miles (SR) = \$165. ALL Juniors Ride FREE.

Intro Riders (12 miles) Senior: \$50

Non-refundable deposit due with entry: \$50 | Late entry fee (on or after September 19th): \$40

Non-AERC member fee: \$20

Early entry discount; max 1 per rider (on or before September 18th): \$20

Refund policy: A refund minus the non-refundable deposit (\$50) will be granted if a rider cannot attend.

Refunds processed within 30 days after the ride.

Intro riders are NOT eligible for any discounts and are NOT subject to late fees or non-AERC member fees.

Ride & Tie: For all Ride & Tie Inquiries please contact Cortney Kreuger @ [864-933-4912](tel:864-933-4912) or

ck@firstcumberland.com appreciated for planning purposes. Intro Riders will receive a full refund if they cannot attend.

Directions: From I 20 in Alabama: take the exit 199 for SR- 9 North toward Heflin. Turn right onto State Route 4, Then turn left on Hwy 78. From Hwy 78 you will turn North onto County Road 61. Look for the AERC ride sign that is across the road from the Cane Creek Fire Station. TURN LEFT HERE. Travel +/- 7-8 miles north on County Road 61. Make a right onto County Road 532 (There is a sign for Coleman Lake/Warden Station Horse Camp). All roads are paved & easy to travel. Horse camp entrance will be 100 yards on your right.

From I 20 in Georgia: from I 20 in GA, take the exit 5 onto SR- 100 towards Tallapoosa. Turn Right. Travel +/- 5mi turn left onto US 78. Travel +/- 9mi to Fruithurst, continue another 4mi until you see Cane Creek Fire Station on your left. Turn right on County Road 61. Travel +/- 8.5mi to County Road 532 (There is a sign for Coleman Lake/Warden Station Horse Camp). All roads are paved & easy to travel. Horse camp is 100 yards on your right.

RIDE THE TALLADEGA

Endurance Ride & Ride and Tie 3-4th October 2025

Ride Manager: Christo Dinkelmann 678-850-6613 endurance0715@gmail.com

Co-Ride Manager: Marcia Weilbach 770-301-2634 endurance0715@gmail.com

Ride Secretary: Eric Rueter 865-599-3594 Eric@FleetFootFarm.com

Ride & Tie: Cortney Kreuger 864-933-4912 ck@firstcumberland.com

Checks to be made out to: Dinkelmann Enterprises

Mail checks to: Eric Rueter, 11045 Friendsville Road, Lenior City, TN 37772

Online entries via ericv2.com/SOLE

Rider Name: _____

AERC#: _____

Rider Address: _____

Rider Email: _____

Rider Phone #: _____

Emergency Contact Person: _____

Emergency Contact Person Phone#: _____

Junior Sponsor Name: _____

Weight Division(weight with all tack): Feather Weight (up to 160lb)_____

Light Weight (161-185lb)_____

Middle Weight (186 to 210lb)_____

Heavy Weight (+211lb)_____

Junior (16 years old and under by date of 12-1-2025)_____

Friday, 3rd October Distance: 10 mi Intro / 25 mi / 50 mi / 75 mi (Negative Coggins Required)

HORSE NAME: _____

AERC# _____

AGE: _____

BREED: _____

COLOR: _____

SEX: _____

Saturday 4th October Distance: 10 mi Intro / 25 mi / 50 mi (Negative Coggins Required)

HORSE NAME: _____

AERC# _____

AGE: _____

BREED: _____

COLOR: _____

SEX: _____

Friday / Saturday

Entry Fee: Intro Ride: \$50

All Juniors: FREE ANY DISTANCE

25 mi & 50 mi: \$150 (\$20 discount per entry if paid **before** September 19th)

75 mi: \$165 (\$20 discount per entry if paid **before** September 19th)

Non AERC Member \$20/per entry (does not apply to intro riders)

Total Friday: _____

Total Saturday: _____

Overall Total: _____

Please read this release carefully and sign at the bottom:

As a participant in this ride, I agree to abide by the rules of AERC, the other sanctioning organizations, and the ride management. 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 and manmade hazards, which management cannot anticipate, identify, modify, eliminate, or control, 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 management, all ride personnel, volunteers and all property owners over whose land the ride crosses blameless for any accidents, injury, or loss that might occur due to my participation in the ride, and free from all liability for such injury or loss.

I HAVE READ AND UNDERSTOOD THIS LIABILITY RELEASE

Rider's Signature: _____ **Date:** _____

Parent or Guardian (for JunioRider: _____

Horse Owner's Signature: _____

TREATMENT AUTHORIZATION FORM

RIDE THE TALLADEGA 3-4th October 2025

Please note: No horse can start Ride the Talladega rides unless this form has been completely filled out, signed and returned to the ride secretary.

I, the undersigned, am the owner/agent authorized to give permission for medical care and to guarantee payment for such on behalf of the below named horses that are competing in any Ride the Talladega ride on the dates above. I understand that if this horse is pulled at any point in the ride or stops because of a rider option, I am required to allow one of the Vets to perform a courtesy (no charge) metabolic/lameness safety check on the horse upon arrival back to base camp. At such time, if treatment is recommended for any condition I understand that trailering to a horse treatment facility is my responsibility and I will pay for any service performed there.

If the Vet recommends that referral to an equine hospital/clinic for further evaluation and treatment is in the best interest of this horse, and I cannot be reached after attempts have been made or am unable to make a decision, I choose the option below: (checkmark and Initial a choice)

_____ I DO NOT want this horse to be referred to an equine hospital/clinic.

_____ I DO want this horse to be referred to an equine hospital/clinic, but **only for a life threatening condition.**

_____ I DO want this horse to be referred to an equine hospital/clinic **for any condition (either career ending or life threatening)**

If I have given permission for referral, this form will be sent with this horse and will serve as permission for the referral hospital/clinic to treat this horse and to guarantee payment for such treatment.

Owner/authorized agent name (printed): _____

Owner/authorized agent signature: _____ Date: _____

Address: _____ City, State, Zip: _____

Phone: (____) _____ Email Address: _____

Horse's #1 full name: _____ **Nickname:** _____

Age: _____ Color: _____ Sex: _____ Breed: _____

Horse's #2 full name: _____ **Nickname:** _____

Age: _____ Color: _____ Sex: _____ Breed: _____