

# Ozark Trail 75/100 September 19, 2020

From Bass River Resort, Steelville, MO to Brushy Creek Lodge, Black, MO

Rider Name: \_\_\_\_\_ AERC No. \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip code: \_\_\_\_\_ E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Weight Division (w/tack) Please circle one: Junior Featherweight (up to 160 lbs.)

Lightweight (161-185) Middleweight (186-210) Heavyweight (211 and over)

Horse Name: \_\_\_\_\_ AERC No. \_\_\_\_\_

Breed: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

Horse owner if different than rider: \_\_\_\_\_ AERC No. \_\_\_\_\_

**PRE-ENTRIES MAIL TO: Barry C Cole, 18428 East 1<sup>st</sup> St., Eskridge, KS. 66423**

**PLEASE MAKE CHECKS OUT TO: Barry Cole or Linda Cole**

FEES: Place a check mark by the distance you are entering.

\_\_\_\_ 75 miles: (with Elevator option) \*\*      \_\_\_\_ 100 miles    \$153      AERC Non Member add \$15.00

\*\* After completing 75 miles the rider shall have the option of elevating to the 100 mile distance but will only receive a completion after 100 miles with no placement as per AERC rules.

Total \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

## **LEGAL RELEASE: DO NOT SIGN UNTIL YOU HAVE READ!**

As a participant in the Ozark Trail75/100 ride, I agree to abide by the rules of AERC and understand endurance riding involves being in remote areas for extended periods of time, away from communications, transportation and medical facilities; that these areas may have natural and man-made hazards which the ride management cannot control and 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, my children, my animal(s) and my property and I will hold AERC, Bass River Resort, the Ozark Trail Association, US Forest Service, Brushy Creek Resort & Lodge, Ride Management, personnel and ride volunteers blameless for any accidents, injury or loss. I grant my permission for ride management to arrange emergency medical treatment if I am unable to do so myself.

Signature of rider \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature for Junior Rider: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone No. \_\_\_\_\_

Your Cell number \_\_\_\_\_

**CURRENT NEGATIVE COGGINS REQUIRED. ALL OUT OF STATE HORSES ARE REQUIRED TO HAVE A CURRENT HEALTH CERTIFICATE. ALL RIDERS ARE REQUIRED TO WEAR HELMETS!**

**This ride is being held in an isolated wilderness area on a difficult technical trail. Be Prepared!!**

AERC sanctioned for 2020!

