

**Paper Entry Deadline August 15. Please consider entering online – it is fast, easy & secure!**

[ENTER ONLINE](#)



**The Nebraska Horse Trails Committee’s Trail Challenge Entry Form**

Rider Name: \_\_\_\_\_

Address/City/St/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Ph#: \_\_\_\_\_

**PLEASE USE SEPARATE FORM FOR EACH ENTRANT**

\_\_\_\_ ENTRY (circle class) **Adult Age 18+ OR Junior Age 10-17** ..... \$35.00

\_\_\_\_ Rider Tee Shirt *optional* (Circle Size) **S M L XL**.....\$20.00

**2X 3X 4X** .....\$22.00

\_\_\_\_ Guest/Volunteer Tee Shirt (Circle Size) **S M L XL**.....\$20.00

**2X 3X 4X** .....\$22.00

**A MEAL WILL BE PROVIDED FOLLOWING THE RIDE**

\_\_\_\_ Do you plan to stay for the free meal? Yes No

\_\_\_\_ Guest Meal ..... \$ 5.00 per guest

Name of Guest(s) \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED \$\_\_\_\_\_**

Mail by **August 15** to: **NHTC, c/o Kathy Newberg, 12851 Pine Lake Road, Walton, NE 68461**

Fees are non-refundable and will be considered a donation if you cannot attend. Entries after Aug. 15 increase to \$50 and will be online only. All proceeds from this ride will be used by the NHTC for horse trail related improvements in our state.

All contestants should report to Branched Oak Lake, Area 2 for check-in between 9:00 - 11:00 AM on Sunday, Sept. 8, 2019. There will be a ride meeting at 11:30 and the ride will begin promptly at 12:00 PM. Rain or Shine. Meals & awards ceremony will follow the ride. A Nebraska state park permit is necessary on your vehicle. You may buy them online at <https://ngpc-permits.ne.gov/NGPC-PS/faces/public/welcome> .

**PLEASE NOTE**

**NO ENTRANTS UNDER 10 YEARS OLD**

**NO RIDING DOUBLE**

**NO PONYING ANOTHER HORSE**

**NO PLEASURE RIDE WITH GROUP UNLESS AN ENTRY FEE IS PAID**

**ENTRANTS MUST BE ABLE TO RIDE INDEPENDENTLY AND FOLLOW JUDGE’S INSTRUCTIONS**

For Office Use Only Rider # \_\_\_\_\_ Junior Adult

**WAIVER OF LIABILITY & LEGAL RELEASE FOR**

Trail Challenge at Branched Oak Lake

**September 8, 2019**

(Please Print Clearly)

I, \_\_\_\_\_, acknowledge and accept that horseback riding and activities related thereto, involve the risk of personal injury. By my signature, (and, in case of a minor, the parent's or guardian's signature), they and I, hereby waive all rights, if any, claims, causes of action and lawsuits against the Nebraska Horse Trails Committee Inc organizers of this event, their family, heirs, executors, legal representatives, administrators, successors, assigns, guests, employees, or agents affiliated with any of them in any manner (collectively, herein "NHTC"), for any injury, liability or damages which may occur while riding any horse, whether leased or owned by me or by any other person, or for any injury or damages which may occur while participating in any activity related to horseback riding. I agree to indemnify, defend and hold harmless NHTC or any person or entity whose land a horseback ride crosses, for any accident, injury, or loss that might occur, and free such persons from all liability for such injury or loss. I understand that horseback riding always involves danger and I ride at my own risk.

I understand that horseback riding involves being in remote areas for extended periods of time, far from communications, transportation, and medical facilities; that these areas have many natural and man-made hazards which horseback riders 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 further understand that horseback riding involves such things as crossing creeks, galloping over uneven terrain, and being in strange places under adverse weather conditions which could result in injury to me and the horse I am riding.

I agree to take full responsibility for myself and the animal I am riding. I am aware that wearing a certified safety helmet is a good preventive measure against head injury and although not required, is recommended when participating in any horse activity. My signature below constitutes acceptance of the above terms and conditions. I have read and fully understand this liability release.

**Medical Release Horse/Rider**

I further agree to allow and be financially responsible for any necessary emergency medical treatment by any available physician at any available medical institution in the event of my injury or illness. I likewise agree to allow and be financially responsible for any necessary veterinary treatment for the horse that I ride. I have read and understand this liability release.

**WARNING**

**Under Nebraska Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to sections 25-21,249 to 25-21,253.**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Rider Signature

Date: \_\_\_/\_\_\_/2019

\_\_\_\_\_

*(Signature of Guardian if Rider is a Minor)*

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

In Case of Accident Notify: \_\_\_\_\_ Phone: \_\_\_\_\_

For your safety, does the rider have any known allergies or medical conditions that ride management should be aware of?

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_