(Print, complete & mail) The Nebraska Horse Trails Committee's

## Trail Challenge Entry Form

Rider Name: \_\_\_\_\_\_ Address/City/St/Zip: \_\_\_\_\_\_ Email Address: \_\_\_\_\_\_Ph#:\_\_\_\_\_\_



Age Group: \_\_\_\_ Junior Age 12 through 17 \_\_\_\_ Adult Age 18 & Over

In case of emergency, contact (name, ph#): \_\_\_\_\_

## NOTE

No entrants under 10 years old

No riding double

No ponying another horse

No pleasure riding with the group unless an entry fee is paid Entrants must be able to ride independently and follow judge's instructions

This ride is limited to 75 entrants and will be determined by the receipt of this entry form. Your confirmation will be emailed to you. Entries must be received by August 31. All contestants should report to Branched Oak Lake, Area 2 for check-in between 10:00 - 11:00 AM on Saturday, Sept. 8, 2018. 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 <a href="https://ngpc-permits.ne.gov/NGPC-PS/faces/public/welcome">https://ngpc-permits.ne.gov/NGPC-PS/faces/public/welcome</a>.

Please enclose your \$35 non-refundable entry fee (\$50 if after Aug. 15) payable to the **Nebr Horse Trails Committee.** All proceeds from this ride will be used by the NHTC for horse trail improvements in our state. Mail entry form and payment to: **NHTC, c/o Kathy Newberg, 12851 Pine Lake Road, Walton, NE 68461.** For additional information on this ride, contact <u>newbe44@hotmail.com</u> or call 402.429.8041.

\_\_\_\_\_ I would like to reserve & purchase an extra meal for a non-rider. Enclose additional \$5. Name on non-rider meal reservation: \_\_\_\_\_



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

## WAIVER OF LIABILITY & LEGAL RELEASE FOR Trail Challenge - Branched Oak Lake September 8, 2018

(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 acknowledge that accidental injuries have occurred in the past involving horses owned by or by others.

**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 responsibility for any necessary veterinary treatment for the horse that I ride. I have read and understand this liability release.

Print Name Date: / / 2018	Rider Signature			
	(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: \_\_\_\_\_