

(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 11:00 AM and noon on Saturday, Sept. 9, 2017. There will be a ride meeting at 12:30 and the ride will begin promptly at 1:00 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 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 newbe44@hotmail.com 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 9, 2017

(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 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

Rider Signature

Date: ____ / ____ / 2016

(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: _____

