

VERDA BROWN BAG 25
MAY 12, 2007
CORNISH FAIRGROUNDS, CORNISH, NH

Manager: Wendy Bejarano (802) 484 -3406

Secretary: Eileen Duffy 148 Hewett Rd. Windsor, VT 05089 (802) 674-2467

Judges: TBD.

Time: All local riders and those with close accommodations are asked to vet in on Friday evening between 4 - 7 PM. Saturday morning vetting begins at 6:30 AM sharp. No late arrivals accepted after 7:00 AM.

Location: Cornish Fairgrounds, Cornish, NH. Directions will be emailed with confirmation letter.

Trail: The trail will be mostly dirt roads with woodland trails and some pavement. Due to the season some trails may be muddy.

Farrrier: There will NOT be one available so come well shod, bring an easy boot and a sense of humor.

Food: Bring Your Own ! Grab a cup of Joe in the morning and pack yourself a lunch for when you're done. There will be a BBQ grill available to cook on after the ride.

Rules: Dogs must be contained or on leash at all times. Hay, shavings and manure must be picked up. All ECTRA rules and regulations apply. ECTRA rules require that all riders wear an ASTM-SEI approved helmet.

Facilities: Toilet facilities on the grounds. Camping is allowed and water is available but no electric hook ups.

Stabling: is available on a first come first serve basis. Ten stalls are available Fee is \$10. and must be included with entry. Stalls are for overnight use only. No "stall for the day" allowed. Bring your own bedding and stall must be striped at end of ride.

Entry Fee:	Member	\$ 36.00 _____
	Non Member	\$ 41.00 _____
	Junior	Subtract \$ 15.00 from adult fees.
	Stall per horse	\$ 10.00 _____
	Donation to Scholarship Fund \$	_____
	Total enclosed	\$ _____

Entry Requirements: Negative coggins test and proof of rabies vaccine is required with entry . Entries limited to 40 riders. Entries will be recorded in order of postmark You will be notified if you are placed on the waiting list.

Refunds: All refunds will be made to any competitor if request is made earlier than five (5) days prior to the day of the event. Within the five day period prior to the event, refund will be made only if a replacement is found

ENTRY WILL NOT BE ACCEPTED UNLESS COMPLETE ON THE REVERSE SIDE, SIGNED, PAID-IN-FULL AND ACCOMPANIED BY A NEGATIVE COGGINS TEST AND PROOF OF RABIES VACCINATION

Make checks payable to **VERDA** and send entry to

Eileen Duffy
148 Hewett Road
Windsor, VT 05089

VERDA ENTRY APPLICATION AND RELEASE FORM

Event Name _____ Please Circle Rider/Driver/Junior
Rider/Driver _____ Phone _____
Address _____ Email _____
Owner _____ Phone _____
Address _____ Email _____

Horse _____
Age _____ Sex _____ Color _____ Breed _____ Reg# _____
Horse _____
Age _____ Sex _____ Color _____ Breed _____ Reg# _____

Weight of Rider with Tack (if known) _____
VERDA Member? Yes / No Year End Award Candidate? Yes / No VERDA Registered Horse? Yes / No
Rookie Rider / Driver? Yes / No Rookie Horse ? Yes / No I want to ride with _____
AERC (Endurance only) Rider # _____ Horse # _____ Qwner# _____ WeightDiv. _____

Agreement of Waiver Liability

I understand that the sport of horseback riding and driving is inherently dangerous and that serious injury and death can occur. I agree that if any injury occurs to me or my horse or the equipment that I use or send for use, I will make no claim against the Vermont Equine Riding and Driving Association (VERDA), Eastern Competitive Trail Ride Association (ECTRA), American Endurance Ride Conference (AERC) any other organizations or individuals associated with the event or any of the Officers, Directors, Trustees, Employees or Volunteers. I further agree to hold VERDA, ECTRA, AERC, the Offices, Directors, Trustees, Employees, Volunteers and any Land Owners free and harmless from any liability, claims, suits or damages of whatsoever kind or nature that may be occasioned by the horse used by me or the negligence of the person in charge of such horse and I agree to indemnify and hold harmless the organization and individuals against all liability, claims, suits and expenses including attorney fees incurred, arising out of any injury to any person or damages to any property caused by me, my horse or attendants. **I have read and understand this liability release.**

Signature _____ **Date** _____
Must be signed by every competitor or guardian if entrant is under 18 years of age.

Drug Release

I hereby certify that my horse is not under the influence of medication. I hereby give permission to The Eastern Competitive Trail Ride Association (ECTRA) or any duly appointed agent to check for the possible administration of drugs to my horse by any appropriate or reasonable necessary method.

Signature of Rider/Driver _____ **Birthday of Junior** _____
Signature of Horse Owner _____
Signature of Parent or Guardian _____