

VERDA JANUARY THAW RIDE and DRIVE: 25 Miles
JANUARY 14, 2012 (too cold date Jan 15)
KEDRON VALLEY STABLES, SOUTH WOODSTOCK, VT
ENTRY DEADLINE JAN 10

Managers: Robin and Wilson Groves 802-484-5016

Secretary: Jenny Kimberly, 221 Estey Lane, Windsor, VT 05089, 802-674-5384,
jennykimberly@comcast.net

Judges: Dr. Joan Hiltz, VMD and Linda Glock

Time: Saturday morning vetting begins at 6:30 AM sharp. (possible vetting Friday pm if enough entries)

Trail: The trail will be dirt roads. Please come well shod for snow and ice.

Farrier: Bruce Hickey, on call 802-674-5384

Food: Breakfast snacks and coffee before ride. **POTLUCK at KVS during and after final vetting.**

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.

Stabling: Stalls are available please contact KVS for prices and stalls. 802-457-1480.

Entry Requirements: Negative coggins test (within one year) and proof of rabies vaccine is required with entry .

Refunds: All refunds will be made to any competitor if request is made earlier than **January 10**.
Make checks payable to **VERDA** and send entry to: Jenny Kimberly, 221 Estey Lane, Windsor, VT 05089

Entry Fee: Member \$50.00, Non Member \$ 60.00, Junior: Subtract \$ 15.00 from adult fees.

PARKING: Unload horses at Kedron Valley Stables and park horsetrailer at GMHA parking lot. Transportation back from GMHA can be arranged. You may park your truck at KVS. The fewer vehicles at KVS the better!!!

Directions to KVS: 5 miles south of Woodstock, VT on VT rte 106. For more detailed directions contact Jenny.

VERDA ENTRY APPLICATION AND RELEASE FORM

Rider or driver (circle one) _____ Phone _____

Address _____ Email _____

Owner _____ Phone _____

Address _____ Email _____

Horse _____

Age _____ Sex _____ Color _____ Breed _____ Reg# _____

ECTRA Rider # _____ Horse # _____

Entry Fee:	Member	\$50.00 _____
	Non Member	\$ 60.00 _____
	Junior	Subtract \$ 15.00 from adult fees.
	Total enclosed	\$ _____

VERDA Member? Yes / No Year End Award Candidate? Yes / No VERDA Registered Horse? Yes / No

Rookie Rider? Yes / No Rookie Horse ? Yes / No I want to ride with _____

Warning: Under Vermont Law, an equine activity sponsor is not liable for any injury to, or the death of a participant in equine activities resulting from the inherent risks of equine activities that are obvious and necessary, pursuant to 12V. S. A. 1039

Agreement to 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/ _____ **Birthday of Junior** _____

Signature of Horse Owner _____

Signature of Parent or Guardian _____