

## Springdale Romp Pioneer Entry Form February 3, 4, 5, 2012

**Return to:** Kathy Sansom, 10175 S. Hwy 191 Safford, AZ 85546  
**Telephone:** (928) 428-4573 **e-mail:** ksansom@starband.net

Rider's Name \_\_\_\_\_ Rider's AERC # \_\_\_\_\_

Rider's e-mail address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Age if Junior: \_\_\_\_\_ Birthday of Junior \_\_\_\_\_

**Weight Division** (Including all Tack): Check one:

FW (0-160)	LW (161-185)	MW (186-210)	HW (211-Over)
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**Junior** \_\_\_\_\_ If a Junior, Name of Senior Sponsor \_\_\_\_\_

						Office Use Only
	Name	Breed	Age	AERC #	Ride Dist.	Horse Ride #
1						
2						
3						
4						

**A ride card (Duck Card) MUST be submitted each day to enter a ride.**

**Entry Fee: \$100 Juniors: \$90**

**Fees:** Non-AERC **ADD** \$15 per day

Entry Fees,  Day Fees Meals	Day 1	
	Day 2	
	Day 3	
	Non-member fee @ \$15/day	
	Extra meals @ \$10/meal	
	<b>Total</b>	

Full RV	(First Pay, First Given)	
Hookups	\$20/night in advance—check for availability	
Electric only	\$15/night	
Box stalls	\$4/horse/night located near RV hookups	
Pens	\$4/horse/night	
	<b>Total</b>	

Make checks payable to: **Springdale, LLC.**

Refund policy: A full refund of entry fee will be given provided that applicant has not started in the event. Once the applicant starts in the event, the entry fee is not refundable.

## Springdale Romp Medical and Legal Release Form

**Read Carefully: this pertains to you. Ask if you have questions!  
This is a legal document.**

As I participate in the Springdale Romp Endurance Ride, I understand that my safety and the safety of the other participants are dependent upon my own ability and judgment. I understand that endurance riding involves riding on or near pavement, sometimes in traffic, being in the mountains, desert or uninhabited areas for long periods, out of communication, and possibly under adverse weather conditions. I further understand that professional medical or veterinary attention is not available on the trail, and that considerable delays are likely to be encountered in rescue and treatment of injured riders and their horses. I understand that horseback riding involves risk and I ride at my own risk. I agree to take full responsibility for my safety and well-being and for my horse's safety and well-being. Furthermore, I agree not to hold the Bureau of Land Management, veterinarians, officers of the ride, workers, or private landowners whose property we may cross responsible for losses or injuries that I might suffer in, or in conjunction with, the ride.

I agree to obey the rules of the AERC and the rules of the Springdale Romp Endurance Ride. I understand that all fees and charges must be paid in full or my results will not be forwarded to AERC.

I give consent for medical treatment for myself if I am unable to give informed consent. The consent I give includes any x-ray examination, anesthetic, medical or surgical diagnosis or treatment deemed advisable by and rendered under the general supervision of a physician or surgeon, if I am unable to give informed consent. I agree that neither the physician, surgeon, nor any organization involved assumes any financial responsibility for acting under this authority granted by me. I agree to give consent for medical treatment of any junior or minor for whom I am legally responsible in the event I am unable to give informed consent for that treatment. This consent for junior/minor signed for below includes the entire medical treatment and release of financial responsibility outlined above.

I have read, understand, and agree with the conditions of this release.

Signature of Rider \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Sponsor (if applicable) \_\_\_\_\_ Date \_\_\_\_\_