

STATE FAIR EXPRESS  
ENTRY FORM

Rider Name \_\_\_\_\_ AERC # \_\_\_\_\_

Address \_\_\_\_\_

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

EMail: \_\_\_\_\_ Telephone \_\_\_\_\_

Emergency Contact telephone # \_\_\_\_\_

AERC MEMBER? \_\_\_\_ OCER MEMBER? \_\_\_\_\_ MODTRA? \_\_\_\_\_

Senior Weight Divisions: Circle your weight (including Tack)

Featherweight (1-160)    Lightweight (161-185)    Middleweight (186-210)

Heavyweight (211-above)    JUNIOR RIDER \_\_\_\_\_

HORSE INFO: NAME: \_\_\_\_\_ AERC# \_\_\_\_\_

Breed: \_\_\_\_\_ Reg # \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Name of owner: \_\_\_\_\_

Negative Coggins Test Date \_\_\_\_\_

|             |         |    |         |       |
|-------------|---------|----|---------|-------|
| ENTRY FEES: | Seniors | 50 | \$80.00 | _____ |
|-------------|---------|----|---------|-------|

|               |         |    |         |       |
|---------------|---------|----|---------|-------|
| Please Circle | Seniors | 25 | \$70.00 | _____ |
|---------------|---------|----|---------|-------|

|                  |        |    |         |       |
|------------------|--------|----|---------|-------|
| Distance entered | Junior | 50 | \$45.00 | _____ |
|------------------|--------|----|---------|-------|

|  |        |    |         |       |
|--|--------|----|---------|-------|
|  | Junior | 25 | \$40.00 | _____ |
|--|--------|----|---------|-------|

|                                   |  |  |   |       |
|-----------------------------------|--|--|---|-------|
| Add \$15.00 FOR NON- AERC MEMBERS |  |  | - | _____ |
|-----------------------------------|--|--|---|-------|

( Non-AERC Members who join at this ride can deduct this \$15.00)

ASSIGNED RIDER NUMBER \_\_\_\_\_ TOTAL FEE DUE \_\_\_\_\_

**LEGAL RELEASE: PLEASE READ AND SIGN.**

As a participant in the State Fair Express Endurance Ride, I agree to abide by the rules of AERC and the State Fair Express. I understand that equines can be excitable, unpredictable, and difficult to control and that accidents can happen to anyone at anytime. I further agree to be responsible for my animals and myself. I agree to hold harmless The State of Missouri, The Dept of Natural Resources, The Missouri State Fairgrounds, American Endurance Riders Conference, Ride Management, Ride Veterinarians, Ride Volunteers, Ozark Country Endurance Riders, The City of Windsor, for any accident, injury, or loss that might occur due to my participation in the ride.

I understand that that this ride will cross public streets and agree to behave in a safe and cautious manner when crossing any roads.

I understand that if I act in a disrespectful or un-sportsmanlike manner, as judged by Ride Management, I will be disqualified.

If my horse requires treatment by the Ride Vets, I agree to promptly pay for all billed treatment charges.

I acknowledge that I have read and fully understand this release.

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

Name of Junior Rider: \_\_\_\_\_

Signed by Parent or Guardian for Junior Rider \_\_\_\_\_

Date: \_\_\_\_\_

I grant my permission for Ride Management to arrange emergency medical treatment if I am unable to do so myself

Signed \_\_\_\_\_ Date \_\_\_\_\_