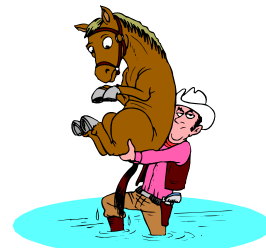


# Summit Co. Spring Fling Novice Competitive Trail Ride

## 12 miles Saturday, May 3, 2007

### Brecksville Stables

Try it, you are  
bound to fun



Ride Mgr & Secretary: Kathy Schmidt (330)764-400 [KM5707@aol.com](mailto:KM5707@aol.com)

**DIRECTIONS:** From Ohio Turnpike (exit 173) take Rt. 21 North to Parkview turn right and follow to Stables on left (about 2 miles).

**CAMPING:** None.

**TERRAIN:** Mostly woods, improved bridle trails.

**OAATS Sanctioned**

<b>FEES:</b> 12 Mile NOVICE	<b>Saturday, May 12</b>	<b>\$35 adult (Jr. \$25)</b>
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**FOOD:** Picnic lunch & beverage included in entry, available for purchase for non-entries.

**AWARDS:** Completion, 10 placings for each Division (I, II and Junior), Reserve and Grand Champion,

**Advanced registration is required, as ride is limited to 35 entries,** will have a wait list for cancellations, 100% refundable if secretary notified of cancellation 24 hours before ride.

**ENTRY:** Make checks payable to Summit OHC, mail to Kathy Schmidt, 3946 Huffman Road, Medina, OH 44256.

<b>SCHEDULE</b>	<b>SATURDAY: 9 a.m. grounds open officially for registration and vet in.</b>
	<b>11:00 a.m. Riders meeting</b>
	<b>Noon (approx) First horse out on trail (2 ½ - 3 hrs, 20 min. ½ way expected)</b>
	<b>4 p.m. (approx) Awards</b>

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ENTRY:				
<b>HORSE:</b>	<b>Name:</b>			<b>Breed:</b>
	<b>Age</b>	<b>Color</b>	<b>Circle Appropriate:</b> Mare   Gelding   Stallion	<b>Registration No.</b>
				<b>Total number of years competing ____</b>
<b>RIDER:</b>	<b>Name:</b>			<b>Total number of years competing ____</b>
	<b>Address, City, State, Zip:</b>			<b>Email address:</b>
				<b>Phone:</b>
<b>EMERGENCY INFO:</b>	<b>Arrival vehicle description &amp; license number:</b>			<b>Emergency Contact Name &amp; Number:</b>

**LIABILITY RELEASE:** Name of Ride \_\_\_\_\_ Date \_\_\_\_\_ Miles \_\_\_\_\_

The Undersigned acknowledges that distance horseback riding is a sport which carries an inherent risk, which means a danger or condition that is an integral part of an equine activity, including, but not limited to any of the following:

- (a) The propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine;
- (b) The unpredictability of an equine's reaction to sounds, sudden movements, unfamiliar objects, persons, or other animals;
- (c) Hazards, including, but not limited to, surface or subsurface conditions;
- (d) A collision with another equine, another animal, a person, or an object;
- (e) The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

The Undersigned, in consideration of acceptance of his/her entry in this ride, does hereby for himself/herself, his/her heirs, executors and administrators, waive and release all ride personnel and the sanctioning Ride Organizations, their officers, and all individual members thereof, and all other persons, administrators and assigns for any and all right, claim or liability of any kind or nature that the Undersigned might have. Further, the Undersigned does hereby acknowledge that said release will extend to any accidents, damages or claims arising out of his/her entry caused by his/her own acts or anyone or any animal with his/her control.

The participant has read and agrees to abide by the OAATS rules.

\_\_\_\_\_  
SIGNATURE OF PARTICIPANT (Parent, Guardian, or Custodian, if under age 18)

\_\_\_\_\_  
DATE