

SALAMONIE SIZZLER
SAT. JULY 24, AND SUN JULY 25, 2010
50 MI. ENDURANCE, 25 MI. L.D. & 15 MI. ROOKIE RIDE
ANDREWS, IN

This is a great ride at Salamonie Reservoir, it's a scenic cross country ride, views of the Reservoir. Some steep trails but not over challenging.

Bev Staats (260) 438-6222
bevstaats@yahoo.com

Mike Urschel(260) 438-4480
meurschel@verizon.net

Vet: Maureen Fehr DVM

Vet-in after 3:00 Fri. & Sat.

Reservations- can be made until 2 weeks before the ride by calling the D.N.R. @ 866-622-6746 or online @ www.camp.in.gov. After that all campsites will be on a first come basis.

Directions- Take I-69 north or south to Ind. 5, go north on 5 to S.R. 124 turn left(west) to Ind.105 turn right(north) go 1-2 miles, turn left @ Salamonie Reservoir sign, follow signs to horse camp.

Awards & Meal-

Awards dinner will be Sat @ 7:00 with awards after meal.

Fried Chicken will be provided—Bring a dish to share

A thru N Bring a covered dish or salad

M thru Z Bring a dessert or fruit dish

NEGATIVE COGGINS & HEALTH PAPERS REQUIRED FOR ALL OUT OF STATE HORSES.

***15.00 FEE FOR NON-AERC RIDERS**

WE WILL BE SANCTIONED WITH AHA, AERC, OAATS,

***50 mi. \$85.00**

25 LD \$ 65.00

15 ROOKIE \$ 35.00

JUNIOR RIDERS DEDUCT 20.00 (EXCLUDING 15 MI ROOKIE)

**ALL JUNIORS ARE REQUIRED TO WEAR A HELMET,
PARENT/GUARDIAN MUST SIGN A RELEASE FORM.**

BRIDLE TAGS ARE REQUIRED IN INDIANA STATE FORESTS

HOPE TO SEE YOU ALL IN JULY ! MIKE & BEV

SALAMONIE SIZZLER ENTRY FORM

Mail entry to Bev Staats 4344 S. Old S.R. 15, Wabash, In. 46992
make checks to Salamonie Sizzler

Rider Name _____ phone# _____
Riders AHA# _____ AERC# _____ OAATS _____
Adress _____ City _____ St _____ Zip _____
Horses Name _____ Owner _____
Horses AHA # _____ Aerc# _____ Age _____ Sex _____
EMERGENCY NAME AND # _____

Weight Division(including tack) circle one:
Feather(0-160) Light (161-185) Middle(186-210) Heavy (211 & up) Junior 16 and under

Entry Fees
SATURDAY & SUNDAY

*50 mile endurance _____ \$ 85.00
*25 mile LD _____ \$65.00 * 10.00 off 2nd day
15 mile rookie _____ \$35.00 junior rides deduct \$20.00 (exclude rookie ride)
TOTAL SAT. _____ TOTAL SUN. _____

I wish to participate in the above named ride. In doing so I fully understand and recognize the risks and dangers involved, as well as the fact that significant, uncontrollable and unexpected may arise during the ride. I understand the distance trail riding involves being in remote areas for extended periods of time, far from communication. Transportation and medical facilities, that these areas have many natural and man-made hazards, which ride management cannot anticipate, identify, modify or eliminate ; that horses can be excitable, difficult to control and unpredictable; and that accidents can happen to anyone at any time. I AGREE to abide by the rules of the ride, which incorporates the rules of AERC for endurance riding and am familiar with the rules of AERC, as they apply to me, I know and understand competitive or endurance riding is inherently dangerous sporting event and I agree to indemnify and hold harmless the ride management, ride personnel and the. Indiana Department of Natural Resources, for any injury or loss that might occur due to my participation in the ride, and free from all liability for such injury or loss.

RIDER SIGNATURE _____ DATE _____

For those under 18 yrs of age: Rider date of Birth _____ I. The parent/legal guardian, under and have signed the statement above and further, I parent/guardian authorize ride personnel to consent on my behalf to any emergency medical treatment that is needed in an emergency situation.

PARENT/LEGAL GUARDIAN _____ DATE _____