Sandhills Safari Ride Entry Form

Event Entered:	Date: <u>August 3,2024</u>
Name of Rider:	
Address:	
AEF Membership #	
Email:	_ Phone #:
Name of Horse:	
Age: Breed:	Sex:
Color:	
Owner Name and Contact Info:	
Emergency Contact Name:	
Emergency Contact Phone #:	
	TAND BEFORE SIGNING*
I am aware that there are inherent dangers and	d risks associated with the above event. I
acknowledge that I have voluntarily applied to	
and risk involved. I agree to freely and fully acc	
	ated with my participation in this event. ALSO, I
hereby release the trail ride sponsors, organize	• • • • •
anyone else associated with this ride, of any lia	abilities resulting from any action, damage or los
that may happen to me or my property. I unde	erstand that CX Solid Foundation insurance policy
does NOT include Third Party Liability for indiv	vidual members, so therefore will not respond in
the event of any action taken against me or my	y property as a result of my participation in this
, -	hat I have read, understood, and agree with the
above statement and that all information prov	vided on this entry is true.
Signature:	Date:
Print Name:	
Time Name.	
Permission for minor/junior to ride (Under 18 yea	ars) Must be signed by a parent or legal guardian.
I hereby consent to the entry of	
	bove representations and statements and that
	nereby accept responsibility for the participation
for the said minor.	, , , , , , , ,
Date:	Relationship:
Date: Signature of Parent or Guardian	
Entry Fee @ \$ = \$	Cash E-transfer
Donations Raised \$ Fee wa	aivod2 V/N
Dollations valsed 5 Fee Ma	aived? Y/ N

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