



Fort Valley Ride & Tie and Equathon

♦ October 16-17, 2026 ♦
Fort Valley, VA



RIDER #1 INFORMATION

Rider #1 Name:	
Street Address:	
City, State, Zip:	
Phone #:	
Email Address:	
Junior (16 years or younger as of Jan 1, 2026) ☐	
R&T Association #:	☐ First R&T

RIDER/RUNNER #2 INFORMATION

Rider #2 Name:	
Street Address:	
City, State, Zip:	
Phone #:	
Email Address:	
Junior (16 years or younger as of Jan 1, 2026) ☐	
R&T Association #:	☐ First R&T

HORSE INFORMATION

Horse's Name:		Breed:
Sex: ☐ Mare ☐ Gelding ☐ Stallion	Age:	Color: ☐ Gray ☐ Chestnut ☐ Bay ☐
Horse's Owner: _____		I will allow my horse to be tested for drugs. _____ Owner's Initials _____
If pulled for metabolic reasons, horse will NOT leave base camp until released by a vet. Please initial below		
Rider 1 Initials _____	Rider 2 Initials _____	Owner's Initials _____

All participants must be members of the Ride and Tie Association (www.rideandtie.org).

Event/Distance	Friday	Saturday	Entry Fee/Day	Subtotal
Equathon ☐ 5/5 ☐ 15/5	☐	☐	\$160	
Equathon ☐ 15/15	☐	☐	\$175	
R&T ☐ 15 ☐ 5	☐	☐	\$160	
R&T ☐ 30	☐	☐	\$195	
R&T ☐ 50	☐	☐	\$215	
Ride & Tie Annual membership (\$35/adult; \$15/junior; \$50/Family)	☐ Rider #1	☐ Rider/Runner #2		
Ride & Tie One Day membership (\$15/adult; \$5/junior)	☐ Rider #1	☐ Rider/Runner #2		
OD annual membership (\$25/individual)	☐ Rider #1	☐ Rider/Runner #2		
Junior Discount -\$25/individual (16 years or younger as of Jan 1, 2026)	☐ Rider #1	☐ Rider/Runner #2		
Junior Sponsor Discount (-\$10/individual)	☐ Rider #1	☐ Rider/Runner #2		
OD Member Discount (-\$5/individual, MUST attach copy of membership card)	☐ Rider #1	☐ Rider/Runner #2		
Extra Thursday dinner (\$15) meal is included in entry fee for Friday participants	☐ Rider #1	☐ Rider/Runner #2		
Extra Friday dinner (\$15) meal is included in entry fee for Saturday participants	☐ Rider #1	☐ Rider/Runner #2		
Early Entry Discount (-\$50/entry if received NLT October 5)			-\$50	
PayPal or Credit Card Payment: PLEASE add \$3 service fee			+\$3	
PAYMENT: GO TO THE OD WEBSITE ride page and scroll down to payment and click on the link				
☐ PayPal (https://www.olddominionrides.com/entry-forms and click on PayPal - \$3 service fee)				
☐ Credit Card (https://www.olddominionrides.com/entry-forms and click on Square - \$3 service fee)				
☐ Check (made payable to: Old Dominion Equestrian Endurance Organization, Inc.) Check # _____ NO FEE				
☐ Use your Zelle account, make payment to payment@odeeo.org (bank to bank direct transfer) NO FEE				
➤➤There will be NO REFUNDS, WALK IN or ON-SITE registration<<<				TOTAL DUE =
FULL payment and release forms must be received before being considered entered.				
➤➤MAKE SURE TO SIGN & RETURN all forms.<<<				
Mail/email entry, signed forms, confirmation of full payment, and copy of current Coggins (within 12 months of ride) to: Janice Heltibridle, 6746 Back Rd, Maurertown, VA 22644 or janiceheltibridle@gmail.com If paying by PayPal, Credit Card or Zelle, please include copy of your payment confirmation				

SUBMIT A SEPARATE ENTRY FORM FOR EACH DAY

Old Dominion Equestrian Endurance Organization, Inc. and The Ride & Tie Association Liability Release and Authorization

This release must be signed and returned with your ride entry. No cross-outs or additions are permitted.

As a participant in a ride sponsored by the Old Dominion Equestrian Endurance Organization, Inc. (aka OD), and sanctioned by the Ride and Tie Association, I agree to abide by the rules of the Ride & Tie Association, AERC, ECTRA, SEERA, and the OD.

In consideration for permission to enter and participate in any Old Dominion Ride and Tie/Equathon events, I do hereby for myself, my heirs and assigns, release and hold harmless ride management, ride personnel, all property owners over whose land the ride both encamps and crosses, the Ride & Tie Association, AERC, ECTRA, SEERA their agents, officers, servants, employees and officials, from all claims, demands, actions and causes of action of any kind, for injury or death sustained by me or my horse, and damage to my property, incurred during this ride, arising from negligence or any other fault. "Ride" includes from the time I and my horse arrive at base camp until the time that we leave the premises, as well as the actual event. "Horse" means the animal(s) I am riding, driving, or have entered.

I understand that horseback riding is an inherently dangerous activity and am aware that 1) the ride involves being in areas for extended periods of time far from communications, transportation, medical and veterinary assistance; 2) that these areas have many natural and man-made hazards, which ride management cannot anticipate, modify, or eliminate; 3) that both my own horse and those of other contestants can be excitable, difficult to control and unpredictable, and can panic, bite, rear, kick, strike, stumble or fall; 4) that as a result of participating in the ride, I or my horse may be injured, die, or my property damaged.

I agree to take full responsibility for myself and my horse and for any other party or animal that accompanies me; I recognize that the ride is a strenuous activity and I represent that I and my horse are in adequate physical and mental condition to participate. I recognize that my participation in the ride is voluntary. I consent to a random drug test to be performed on my horse.

I understand that if the horse I am riding is pulled for metabolic reasons and requires treatment on-site or an additional recheck by a ride vet, this horse may not leave base camp until released by an authorized ride vet. Furthermore, I agree and authorize necessary and urgent treatment by a ride vet for a horse that I own, in the event this horse is ridden by another entrant and I am unable to provide explicit permission before or during the injury or illness event.

I HAVE READ AND UNDERSTAND THE ABOVE LIABILITY RELEASE, AND AGREE TO BE BOUND BY ITS TERMS AND CONDITIONS.

PRINT NAME	SIGNATURE	DATE
Rider #1:		
Rider #2/Equathon Runner:		
Horse Owner:		
Parent or Guardian Signature: (if junior rider)		

2026

TREATMENT AUTHORIZATION FORM

PLEASE NOTE: No horse can start either of the above listed rides unless this form has been filled out, signed, and returned to the ride secretary.

I, the undersigned, am the owner/agent authorized to give permission for medical care and to guarantee payment for such on behalf of the below named horse that is competing in the event checked below:

Day 1 ☐ R&T ☐ Equathon Distance: _____
Day 2 ☐ R&T ☐ Equathon Distance: _____

To be filled in by Ride Secretary ONLY

HORSE NUMBER: _____
RIDER: _____

TREATMENT PROVIDED: _____

Referred to Equine Hospital:
☐ No ☐ Yes _____

I understand that if this horse is pulled at any point in the ride or stops because of a rider option, I am required to allow the Endurance Treatment Vet (ETV) to perform a courtesy (**no charge**) metabolic/lameness safety check on the horse upon arrival back to base camp. At such time, if treatment is recommended for any condition, the ETV will discuss all options and costs with me. I understand that my consent for treatment is considered a guarantee that I will pay for such treatment.

If this horse has been presented to the ETV for evaluation, and the ETV deems it necessary that this horse receive treatment, and if I cannot be reached after attempts have been made to contact me, **I choose the following (checkmark and initial choice):**

- ☐ I do **NOT** authorize any diagnostics/treatment to be given to stabilize this horse's medical condition. I understand that if I choose this option, I also give the ETV permission to consult with at least two other equine veterinarians. If, in the majority opinion of those veterinarians, this horse's condition is determined to be life threatening without diagnostics/treatment, I hereby give permission for this horse to be humanely destroyed to prevent further suffering and will pay for that procedure.
- ☐ I **DO** authorize and guarantee payment for any diagnostics/treatment to be given to stabilize this horse's medical condition. If the ETV recommends that referral to an equine hospital/clinic for further evaluation and treatment is in the best interest of this horse, I **choose the option below: (checkmark and initial a choice)**
- ☐ I DO NOT want this horse to be referred to an equine hospital/clinic.
- ☐ I DO want this horse to be referred to an equine hospital/clinic, but **only** for a life-threatening condition.
- ☐ I DO want this horse to be referred to an equine hospital/clinic for **any** condition (either career ending or life-threatening condition).

If I have given permission for referral, this form will be sent with this horse and will serve as permission for the referral hospital/clinic to treat this horse and to guarantee payment for such treatment.

Owner/authorized agent name (printed): _____

Owner/authorized agent signature _____ Date _____

Address: _____

Phone: (____) _____ Email address: _____

Horse's full name: _____ Nickname: _____

Age ____ Color _____ Sex: ____ Breed _____

Insurance: ☐ No ☐ Yes – Contact Info: _____

Known medication allergies: ☐ No ☐ Yes – List: _____