



World Championship

Old Dominion

Ride & Tie and Equathon

◆ June 11-13, 2026 ◆



RIDER #1 INFORMATION

RIDER/RUNNER #2 INFORMATION

Rider #1 Name:		Rider #2 Name:	
Street Address:		Street Address:	
City, State, Zip:		City, State, Zip:	
Phone #:		Phone #:	
Email Address:		Email Address:	
R&T Association #:	<input type="checkbox"/> First R&T <input type="checkbox"/> Junior	R&T Association #:	<input type="checkbox"/> First R&T <input type="checkbox"/> Junior
Shirt size <input type="checkbox"/> XS <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL		Shirt size <input type="checkbox"/> XS <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XL	
<input type="checkbox"/> Pro* <input type="checkbox"/> Amateur	Age (as of 6/11/26):	<input type="checkbox"/> Pro* <input type="checkbox"/> Amateur	Age (as of 6/11/26):

HORSE INFORMATION

Horse's Name:		Breed:	
Sex: <input type="checkbox"/> Mare <input type="checkbox"/> Gelding <input type="checkbox"/> Stallion	Age:	Color: <input type="checkbox"/> Gray <input type="checkbox"/> Chestnut <input type="checkbox"/> Bay <input type="checkbox"/> _____	
Horse's Owner: _____		I will allow my horse to be tested for drugs. _____ Owner's Initials _____	
<i>If pulled for metabolic reasons, horse will NOT leave base camp until released by a vet. Please initial below</i>			
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	Thu	Fri	Sat	Entry Fee	Subtotal
R&T – Short Course <input type="checkbox"/> 12	<input type="checkbox"/>	n/a	n/a	\$150/team	
R&T – Long Course <input type="checkbox"/> 27	n/a	<input type="checkbox"/>	n/a	\$200/team	
Equathon <input type="checkbox"/> 12/6	n/a	n/a	<input type="checkbox"/>	\$150/team or iron	
R&T – Fun <input type="checkbox"/> 6	n/a	n/a	<input type="checkbox"/>	\$50/team (NO ADDITIONAL DISCOUNTS)	
Ride & Tie Annual membership (\$35/adult; \$15/junior; \$50/Family) **	<input type="checkbox"/> Rider #1 <input type="checkbox"/> Rider/Runner #2				
Ride & Tie One Day membership (\$15/adult; \$5/junior) **	<input type="checkbox"/> Rider #1 <input type="checkbox"/> Rider/Runner #2				
Junior Discount -\$25/individual (16 years or younger as of Jan 1, 2025)	<input type="checkbox"/> Rider #1 <input type="checkbox"/> Rider/Runner #2				
Junior Sponsor Discount (-\$20/individual)	<input type="checkbox"/> Rider #1 <input type="checkbox"/> Rider/Runner #2				
Early Entry Discount -\$50/entry (if received NLT June 1)				-\$50	
<i>Meals for participants are included with entry for the day of their event, EXCEPT for Saturday.</i>					
NOTE: meals cannot be guaranteed for entries received after June 2nd					
<input type="checkbox"/> Extra Thursday Meal(s): # meals ____ (\$15ea) (children under 10 free)					
<input type="checkbox"/> Extra Friday Meal(s): # meals ____ (\$15 ea) (children under 10 free)					
<input type="checkbox"/> Sunday Brunch: # meals ____ (\$15 ea) (children under 10 free)					
PAYMENT: GO TO THE OD WEBSITE ride page and scroll down to payment and click on the link					
<input type="checkbox"/> PayPal (https://www.olddominionrides.com/entry-forms and click on PayPal - \$3 service fee)					
<input type="checkbox"/> Credit Card (https://www.olddominionrides.com/entry-forms and click on Square - \$3 service fee)					
<input type="checkbox"/> Check (made payable to: Old Dominion Equestrian Endurance Organization, Inc.) Check # _____ NO FEE					
<input type="checkbox"/> Use your Zelle account, make payment to payment@odeeo.org (bank to bank direct transfer) NO FEE					
➤➤ There will be NO on-site registration the day of the event. If you cancel on/before June 7, \$50 will be held for Ride expenses. NO REFUNDS after June 7<<< TOTAL DUE					

FULL payment, Coggins 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

*Pro: A competitor who has completed two sanctioned Ride & Ties of at least 20 miles in length, or one World Championship Amateur (Am): A competitor who has not yet met the definition of Pro

**If you are a new/renewing R&T member, please fill out and submit attached membership form.

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 (12 mile)
Day 2 R&T (27 mile)
Day 3 R&T (6 mile) Equathon (12/6)

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: _____

The Ride and Tie Association Membership Form

ANNUAL MEMBERSHIP IS JANUARY – NOVEMBER

Send form and payment to: The Ride and Tie Association – Membership, 6746 Back Rd, Maurertown, VA 22644

Or sign up online at www.rideandtie.org/membership/

DATE: _____

PLEASE NOTE: APPLICATIONS DATED/RECEIVED UP TO NOVEMBER 30th WILL BE APPLIED TO CURRENT YEAR ONLY.

PLEASE PRINT

Please check box if an existing member and you are updating any information.

New	Renew	Jr*	Last Name	First Name	MI	Birthdate (if under 16)	Gender
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					

***Jr – under 16 as of January 1st**

Street Address (for mailing purposes):			
City:		State:	Zip code:
Phone:		Email:	

	Yes	No
Do you want your contact information listed in the handbook (if one is published)		
Do you want to receive a printed copy of the newsletters (versus viewing them online)?		
Do you want to receive emails with updates regarding R&T news?		
How did you learn about R&T?		
<input type="checkbox"/> Website <input type="checkbox"/> Expo/Convention <input type="checkbox"/> Magazine/Newspaper <input type="checkbox"/> Other (specify)		

Type of Membership:

____ **Ride Manager for Event** (Specify): _____ **Event Date(s):** _____

(Complimentary “individual only” - for the season in which you direct an event.) You **MUST** fill out this form and return it with sanctioning form in order for your event to be insured and sanctioned. You receive competitor member benefits, but **NO** voting privileges.

____ **Upgrading from Complimentary and/or Competitor to Family:** (\$15) You receive all family member benefits.

____ **Competitor Member: Adult** (\$35) **Junior** (\$15) Will receive Ride & Tie newsletter and handbook; one vote on Association general membership issues; eligibility for all sanctioned Ride & Tie events held during membership year; inclusion and eligibility for national points/mileage year end awards.

____ **One Day Competitor: Adult** (\$15) **Junior** (\$5) **Event Date (required):** _____

Will **NOT** receive Ride & Tie newsletter and handbook; **NO** voting privileges. Eligible for national points/mileage year end awards.

____ **Family Membership:** (\$50) Immediate family living at the same address. List **all** names (**first and last**) to be included. Same benefits as Competitor member, two votes per family.

____ **Lifetime Member:** (\$500) Same benefits as Competitor member with no more annual membership fees.

____ **Friend of Ride & Tie** (\$20 or more) Non-competitive member showing support for Ride & Tie. No voting privileges. Will receive newsletter.

***Membership rates for Juniors are ONLY valid from January 1, 2025 through November 30, 2027**

As a 501 (c)(3) non-profit organization, these membership contributions may be tax deductible.

Revised 10/6/2025