



Old Dominion Fort Valley 50/30

◆ Friday, Oct. 16th, 2026 ◆

For Ride Management use only

Rider Number: _____

☐ Coggins ☐ Release ☐ TA

☐ Waiver

RIDER INFORMATION

Rider Name: _____

Address: _____

City/ST/Zip: _____

Phone #: _____ Text? ☐ Yes

Email: _____

Rider AERC # _____

AERC Weight category: ☐ FW ☐ LW ☐ MW ☐ HW
☐ JR ☐ YR

First AERC ride? ☐ Yes ☐ No

Rider ECTRA # (if applicable) _____

If Junior rider (born after 12/01/2009) please fill out below

Birth Date: Month/Yr _____ Sponsor's Name _____

HORSE INFORMATION

Horse Name: _____

Breed: _____

Breed Reg # (if applicable) _____

Color: _____ Age: _____

☐ Mare ☐ Gelding ☐ Stallion

Horse AERC # _____

Horse ECTRA # (if applicable) _____

Horse Owner's Name: _____

If pulled for metabolic reasons, horse will NOT leave base camp until released by a vet. (Please initial below)

Rider's Initials _____

Owner's Initials _____

	Postmarked by 10/5/26		Postmarked After 10/5/26		
DISTANCE	SENIOR	JUNIOR	SENIOR	JUNIOR	Amount
☐ 50 Miles	☐ Senior - \$145	Junior - \$120	☐ Senior - \$195	Junior - \$170	\$
☐ 30 Miles	☐ Senior - \$125	Junior - \$100	☐ Senior - \$175	☐ Junior - \$150	\$
☐ I am an OD Member!! If you are, you receive a \$5 discount off your entry fee (-\$5)					-\$
☐ Are you sponsoring a Junior? If so, you receive a \$20 discount off your entry fee. (\$-20)					-\$
☐ AERC Day Membership (if not an AERC member or membership is NOT current) + \$20.00					\$
Extra Thursday Meal Tickets (\$15 each)			\$15 x _____ = _____		\$
☐ Extra Friday Meal Tickets (\$15 each)			\$15 X _____ = _____		\$
☐ PayPal or Credit Card PAYMENT METHOD: PLEASE add \$3 service fee +\$3					\$
Payment must be submitted with entry form. MUST PAY IN FULL Amount Due –					\$
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 Org, Inc. Check # _____					NO FEE
☐ Use your Zelle account make payment to (payment@odeeo.org) (bank to bank direct transfer) NO FEE					

Email entry, FULL payment, copy current negative Coggins (within 12 months), Waiver, and signed Liability forms to:

Tyler Baig at: endurance.ncna@gmail.com

If sending USPS, mail to Tyler Baig, 2991 S NC, 50 HWY, Beulaville, NC 28518

(IMPORTANT: If paying by PayPal or Credit Card please include copy of your email payment confirmation)

Questions?? E-mail Evelyn Baig at eve.baig@gmail.com

Old Dominion Equestrian Endurance Organization, Inc.

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 ODEEO), I agree to abide by the rules of AERC, ECTRA, SERA and the ODEEO.

In consideration for permission to enter and participate in the Old Dominion Ft. Valley ride, 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, AERC and ECTRA, 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.

Rider Name (Print): _____

SIGNATURES:

Rider: _____ Date: _____

Horse Owner: _____ Date: _____

Junior's Parent/Guardian: _____ Date: _____

TREATMENT AUTHORIZATION FORM

Ft Valley Oct. 16th & 17th, 2026

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 following ride(s) checked:

Friday, Oct. 16, 2026 ☐ FV 30 Mile ☐ FV 50 Mile
Sat., Oct. 17, 2026 ☐ FV 30 Mile ☐ FV 50 Mile ☐ INTRO

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: _____