

2nd Annual DIABLO TRAIL ENDURANCE RIDE 30/50
AHA Region 3 Championship and AERC Sanctioned
Saturday, June 27, 2009 - Registration Form

**R
I
D
E
R

I
N
F
O**

Rider Name _____ AERC # _____ Exp Date: _____
 Address _____ City _____ Zip _____
 Phone _____ Email _____
 Date of Birth ____/____/____ Gender F / M T-shirt Size S M L XL
 Emergency Contact Name _____ Phone # _____
 Ride and Division: 30 Mile (\$75) 50 Mile (\$125)
 Junior (\$75), Sponsor's Name _____
 FWT (up to 160 lbs) LWT (161-184 lbs) MWT (185-210 lbs) HWT (211 lbs and up)

**H
I
O
N
R
F
S
O
F**

Horse Name _____ Breed _____ Horse AERC # _____ exp date _____
 Horse Owner name and Address _____

**A
O
H
N
A
L
Y**

If entering the AHA sanctioned ride, please fill out the following:
 Rider AHA competition # _____ exp date _____
 Horse AHA registration # _____ exp date _____
 Horse Owner AHA # _____ exp date _____

**P
A
Y
M
E
N
T

I
N
F
O**

AERC Non Member Fee \$15 \$ _____
 Region III Championship fee (AHA riders only) \$25 \$ _____
 Meal tickets for dinner Friday (pre-ride mtg.) and Saturday night (awards dinner)
not included with entry \$10 ea. \$ _____
 Junior Riders: \$75 \$ _____
 30 Mile Ride: \$ 75; 50 Mile Ride: \$125 \$ _____
 Save Mount Diablo Membership (Optional) \$ _____
New members please add membership amount to the Registration Fee.
 Membership levels: \$35 Friend, \$50 Trail Blazer, \$100 Diablo Donor, \$250
 Mountain Saver, \$500 Peak Guardian, \$1000 Summit Club
TOTAL \$ _____
 Enclosed is my check for \$ _____ payable to "Save Mount Diablo" or Please charge \$ _____
 To my: Visa MasterCard AmerExp Card # _____
 Exp Date _____ V-Code _____

Signature _____ Date _____

Please see our website, www.savemountdiablo.org for refund policy.

Complete registration packet includes:

- | | |
|---|--|
| 1. registration form & payment | 3. copy of AERC membership cards |
| 2. signed release form | 4. copy of AHA membership cards (for AHA riders only) |

Incomplete registrations may delay securing your spot!! Please fax or mail, by June 12, completed registration packet to: Save Mount Diablo, 1901 Olympic Blvd., Suite 220, Walnut Creek, CA 94596 FAX 925-947-0642

Diablo Trail Ride Endurance Ride 30/50 Mile Agreement and Release of Liability

I, _____, in consideration of the acceptance of this entry hereby acknowledge that I have voluntarily applied to participate in the Diablo trail ride. I am aware that participating in these events involves the risk of injury to my person and property, involves being in remote areas for extended periods of time, far from communications, transportation, medical facilities: that these areas have many natural and man made hazards, which ride management cannot anticipate, identify, modify or eliminate, that accidents can happen to anyone at any time. I voluntarily accept all risk of personal injury, including death, and property damage arising from my attendance and participation in these events.

In consideration of accepting my entry and allowing me to participate in the Diablo Trail Ride ("the event"), I hereby waive, release and discharge any and all claims or damages for personal injury, including but not limited to, participating in, traveling to and from the event. This release discharges in advance all persons and/or organizations affiliated with the Diablo Trail Ride including its sponsors, officials and volunteers, Save Mount Diablo, AHA, landowners, Contra Costa County, East Bay Regional Park District, the State of California and their respective officials, employees, agents, representatives, successors and/or assignees from and against any liability arising out of or connected in any way with my participation in the event, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. I intend for this release to be legally binding upon myself, my heirs, executors, administrators and assignees. Further, I understand that my participation in the event entails risk and I agree to release and hold harmless all of the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to me or my heirs, executor, administrator or assignees for damages. I have carefully read this agreement. I agree to abide by all Diablo Trail Ride rules and agree to the conditions outlined in the waiver:

Rider Signature _____ Date _____
Parent or guardian if participant is under the age of 18

Horse Owner Signature _____ Date _____

Junior Indemnity Agreement and Release

I, _____ am the parent or legal guardian of the following minor who will be participating in the Diablo Trail Ride: _____.

I am aware that participating in these events involves risk of injury, including death, to person or property of these minors. As lawful consideration for the participation of these minors in this event, I hereby agree that I will indemnify, defend and hold harmless the Diablo Trail Ride including its sponsors, officials and volunteers, Save Mount Diablo, AHA, landowners, the Contra Costa County Flood Control & Water Conservation District, the State of California or their respective officers, agents, representatives, successors and/or assignees from any claim, demand, complaint, or cause of action asserted by or on behalf of any to the minors for personal injuries or property damage, however caused. This agreement extends to injuries to minors caused in whole or in part by the negligence, active or passive, of the persons or entities mentioned above.

Parent or Guardian Signature _____ Date _____

All juniors under the age of 16 must be sponsored and stay with their sponsors due to insurance and the hazardous nature of the trail. THERE WILL BE NO EXCEPTIONS.

Sponsor's name _____

I have carefully read this agreement. I understand that it is a binding contract between the Diablo Trail Ride including its sponsors, officials and volunteers, Save Mount Diablo, AHA and me and that it requires me to indemnify these entities against claims for injuries to the minor listed above.

Sponsor's Signature _____ Date _____