



Namibian Endurance Ride Association

RIDE ENTRY FORM

Club Hosting the Ride: _____ Place of ride: _____ Type of Ride _____

RIDER INFORMATION

Senior – Standard Weight Senior - Heavyweight Junior/Young Rider Child No Weight

Rider's Ride No. _____
 FEI No. _____
 Club Prefix & No. _____
 Distance of Ride _____

Novice Qualifications	CEI Qualifications
1. _____	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____

Signature of Person Responsible: _____

Title: Mr / Mrs _____ Initials _____ Surname _____
 Name called _____ Birth Date _____ P O Box _____ Town _____
 Tel No. _____ Rider's weight _____ kg Total Weight _____ kg Blood Group _____
 Medical Aid _____ Med. Aid No. _____ Name of Groom _____

HORSE INFORMATION

NERA No. _____ FEI Passport No. _____ Name of Horse _____ Date of Birth _____

Breed Arab Cross-Arab Cross Breed Other _____

Gender Mare Colour Black Fox / Chestnut
 Gelding Dark Brown White Grey
 Stallion Brown Other _____
 White

Markings on head: _____ Nationality _____

Markings on legs: _____

Any recent illnesses or veterinarian care: _____

Date of arrival at site: _____ Outside paddock Own paddock

I the undersigned, hereby declare that I know and understand the constitution, rules and guidelines of NERA and this specific ride and will adhere to them. By signing this entry form I undertake that for myself, my heirs, my administrators or any other person that has legal rights after my death, forfeit all legal claims that might occur from any accidents, any harm or damage and claims as a direct or indirect result of any person or animal's actions and that NERA, any club, all individual members, and any other person will be excluded from any claim or legal action arising as a result of my participation. I accept that every rider or visitor that rides a horse, either his own or another persons, do so on their own risk. I undertake to take the responsibility for all costs arising out of veterinarian assistance to my horse and/or any medical aid to myself and I will pay any such costs. To obtain approval for emergency medical evacuation, contact: _____. If no emergency evacuation information is provided I hereby authorize the emergency medical team or the event controlling staff to act on my behalf and accept full responsibility for any and all costs so incurred.

Signature _____ Date _____

Parent/Guardian _____ Place _____

Approved _____ Official _____

For Statistical purposes only:

Owner of Horse _____ Breeder _____

Is horse registered? Yes No Registration No. _____