

WITCHDANCE ENDURANCE RIDE

TOMBIGBEE NATIONAL FOREST

NOVEMBER 13th, 2021

STINKIN JIM'S HORSE CAMP

HOUSTON, MS

HOSTED BY THE MISSISSIPPI ARABIAN HORSE ASSOCIATION

Location: Stinkin Jim's Horse Camp 662-414-0549

Sanctioned by AERC, SERA, and SEDRA

Ride Manager: Katie Keenan 615-584-8677 kbs19@hotmail.com

Ride Manager: Brandy Fortenberry 601-622-8565 fancyblossom83@gmail.com

Veterinarians: Drs. Dennis Seymore and Jacque Broome

Ride Secretary: Eric Rueter

Timers: Nancy Gooch and Karen Rowell

TRAIL: Trails are mostly woods horse trails with excellent dirt footing and some hills. The trails will be well marked with signs and ribbons. All vet checks will be in camp. There will be some gravel access roads. ALL RIDERS MUST WEAR HELMETS WHEN MOUNTED.

CAMP: We will be camping at Stinkin Jim's Horse Camp. There are restrooms and showers open to everyone. A limited number of electrical sites will be available. MUST BE RESERVED IN ADVANCE AND ARE NONREFUNDABLE. Quiet hours will begin at 10 p.m., thus generators will be required to be turned off. There are covered and uncovered stalls (panels) available. Shavings are NOT provided. There are a limited number of cabins available for rent on a first come, first serve basis. *Please contact the campground to reserve electric sites, cabins, and stalls. Contact Melisha Sims 662-414-0549 to make ALL**

reservations. MAHA will ONLY be responsible for entries into the ride.* Dogs are welcome, but must be leashed at all times.**

PLEASE PRE-REGISTER: Please send a completed entry form with ONLY your \$30 non-refundable deposit. A current negative Coggins is required for every horse. Please provide a copy at check in. Also, please have a current copy of your AERC membership card as well.

RIDE INFO: Registration will begin at 2 p.m. on Thursday, November 11th. Vet in will begin at 3 p.m. The ride meeting will be held at 6 p.m. on Friday night. 50 mile riders will ride out at 7 a.m. and 25 mile riders will leave at 7:30 a.m. Introductory riders will leave at 9 a.m. *****ABUSE OF STAFF, VOLUNTEERS, AND OTHER RIDERS IS GROUNDS FOR IMMEDIATE DISQUALIFICATION*****

AWARDS: Completion, Junior, Top 10, and Best Condition

FOOD: Meals will be available through Stinkin Jim's manager Melisha Sims. You MUST prepay for your meals. Meals are \$10 per person.

YOU MUST SHOW YOUR AERC CARD SO AS NOT TO BE CHARGED THE \$15 NON MEMBER FEE!

DIRECTIONS:

Traveling from the Natchez Trace Parkway, exit at the Highway 8 Houston Exit and then left onto Highway 8. Take a right just past the memorial gardens cemetery onto County Road 101. You will dead end into County Road 406, turn right. You will go under the Natchez Trace and then turn left onto County Road 52.

You will go under the Natchez Trace again, go approximately 4/10 of a mile and Stinkin Jim's will be on your left. There are signs along the way.

Traveling from Highway 15 or Highway 8 West, come through Houston. *When you see Wal-Mart slow down* County Road 406 is right across from the hospital. Turn left onto County Road 406. Stay on 406. You will go under the Natchez Trace and then turn left onto County Road 52. Finish with the directions above.

**WITCHDANCE ENDURANCE RIDE
TOMBIGBEE NATIONAL FORREST
NOVEMBER 13TH, 2021
HOUSTON, MS**

Rider Name: _____ AERC #: _____

Address: _____ City: _____

State: _____ ZIP code: _____ Phone #: _____

Email address: _____

Adult (Senior) Rider Junior Rider / Age _____ (Adult Sponsor Name: _____)
(Adult Sponsor Phone #: _____)

In case of Emergency Contact (list 2)

1) _____ Phone _____

2) _____ Phone _____

Weight Division – If Senior (Select One)

Feather Weight (up to 160 lbs)	
Lightweight (161-185 lbs)	
Middleweight (186-210 lbs)	

Heavyweight (211 + lbs)	
Junior**	

****Junior riders must with a sponsor over the age of 21 or have a letter from AERC allowing them to ride as an unsponsored young rider pursuant to rule 10.3.2. Young riders allowed to ride without an adult sponsor must pay full entry fee and designate a weight division.**

Horse Name: _____ AERC #: _____

Breed: _____ Age: _____ Mare Gelding Stallion*

Owner's Name (if not rider) _____ Phone: _____

RIDE FEES:

Entry Fee		Day 1	Totals
Introductory Ride	\$65		
Junior-25 Mile	\$75		
Junior-50 Mile	\$75		
25 mile	\$115		
50 mile	\$115		

*LD mile horses must be at least 4 years old

*50 mile horses must be at least 5 years old

Meal-Saturday Night	\$10	
AERC Non-Member Fee	\$15	
Late Fee (if not received by November, 1 st)	\$15	

SUM TOTAL

REFUND POLICY-Full refunds for non-starters less \$30 fee*

AMOUNT DUE WHEN SIGNING INTO THE RIDE

LIABILITY RELEASE

As a participant in the Witchdance Endurance Ride sponsored by the Mississippi Arabian Horse Association (MAHA), on 13 November, 2021, I hereby agree to comply with any rules of AERC, SERA and the conditions and regulations of this event. I understand that endurance riding involves being in remote areas for extended periods of time, far from communications, transportation and medical facilities; that these areas have many natural and man-made hazards, which ride management cannot anticipate, identify, modify or eliminate. I understand that horses can be excitable, difficult to control and unpredictable and that accidents can happen to anyone at any time. I assume full responsibility for myself and the animal I am riding or is in my care. I will hold MAHA, AERC, SERA, and SEDRA it's officers and all individuals members thereof, all ride personnel, and all property owners over whose land I may cross, their representatives, successors and assigns, blameless for any accident, injury or lass that might occur due to my participation in the Witchdance Endurance Ride. I further agree to hold any and all of the aforementioned individuals and organizations free from all liability for such injury or loss. This release extends to all claims of every kind and nature whatsoever, whether known or unknown claims. I understand that this release constitutes a limitation on my legal rights. UNDER MISSISSIPPI LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

I hereby certify that my horse is not under influence of medication and will not be treated with or given any medication prohibited by AERC rules. I also hereby give permission to AERC or its duly appointed agent to take any appropriate action deemed necessary to check for possible administrations of drugs to my horse. The undersigned

verified acceptance of risks and responsibilities for rider's and horses conditions and certifies that all information on this form is correct to the best of his/her knowledge.

I give consent for an will be financially responsible for emergency medical treatment for myself and/or the horse that I am riding or is in my care if I am unable to give informed consent.

*****HELMETS MUST BE WORN BY ALL RIDERS WHEN MOUNTED AND/OR ON THE TRAIL*****

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND AND AGREE WITH THE CONDITIONS OF THIS RELEASE.

DATED: _____, 20 _____

RIDER'S SIGNATURE: _____

Signature of Parent/Guardian of Junior Rider: _____

Horse Owner's Signature: _____

SERA Member: Yes _____ No _____

SEDRA Member: Yes _____ No _____

MAKE CHECKS PAYABLE TO MAHA AND MAIL TO:

**ERIC RUETER
11045 FRIENDSVILLE ROAD
LENOIR CITY, TN 37772
865-599-3594**