

“Over the Top” Obstacle Ride

4th Annual Medina OHC – Judged Pleasure Trail Ride

September 20, 2008

Ride Manager: Joyce Tretow - 216-956-2058 (tretowi@hotmail.com)
Ride Sec'y: Cheryl Nowack – 216-475-3415 (MOHCtrailmiles@aol.com)

What: 10-15 Obstacles, various levels of difficulty

Terrain: mostly woods, improved bridle trails

Where: Robinson Field, Cuyahoga Valley National Park

Directions: From Turnpike exit 172, take Rt. 21 south a couple of miles to Rt. 303. Turn left at the light and go approximately 5 miles to Peninsula. At the second light, take Akron-Peninsula Road south approximately 2 miles, then turn left into the event site.

Entry Fees: \$50 adults, \$25 Jr. (includes after ride snack).

Camping available: for an additional \$10 – Field opens Friday 1pm & closes Sunday 3pm

Camping Fee includes camping and one Dinner on Saturday Night (each additional dinner is \$5)

Obstacle Clinic: Sunday, 10am, guest speaker Jim McRitchie, first 5 horses registered may participate.

All others may observe the clinic!

Send entries to: Cheryl Nowack, PO Box 247, Richfield, OH 44286. Make checks payable to Medina OHC. Advance registration preferred; but not required, unless you want an event T-shirt! Riders go out in order of entries received. Advance Registrants only, specify T-shirt size – S__ M__ L__ XL__

ALL RIDERS MUST WEAR HELMETS!



<u>Fri. 9/19</u> 1pm Field Opens	<u>Sat. 9/20</u> 8am On-site Registration 10am Riders Meeting 11am First Horse Out 4pm Awards & Prizes 6pm Dinner	<u>Sun. 9/21</u> 10am Obstacle Clinic 3pm Field Closes
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Name (Print) _____

Address _____ Telephone # _____

Cell Phone _____ E-Mail Address _____

Emergency Contact Name/Phone _____

Horse's Name: _____ (S / M / G) Breed: _____

(out-of-state riders must provide proof of negative Coggins – send copy if registering by mail)

Amt Paid _____ Check # _____ License State/# _____ Division _____

LIABILITY RELEASE: I understand that trail riding may involve being in remote areas, far from communications, transportation and medical facilities. That these areas have many natural and man-made hazards, that horses can be excitable, difficult to control and unpredictable, and accidents can happen to anyone at any time whether on trail or in camp. I agree to take full responsibility for myself, my minor children and animals at the event, and the animal that I am riding. All dogs must be kept on leash, no exceptions. I will hold the ride management, ride sponsors, ride personnel and all property owners over whose land the ride crosses, blameless for any accident, injury or loss that might occur due to participation in the event, and free from all liability for such injury or loss, before, during, or after the event. I understand that I am responsible for removal of all trash, waste, hay and manure from my immediate parking/camping area. I have read and understood this liability release.

SIGNATURE _____ DATE _____
 (Parent or Guardian if rider is under 18)

EMERGENCY CONSENT FOR THOSE RIDERS UNDER 18 YEARS OF AGE: Riders date of birth _____
 I the Parent/Guardian do understand and have signed the statement above. I further authorize ride personnel to consent on my behalf to any emergency medical treatment by a properly licensed person which may be required for my child/ward and do agree to indemnify and hold harmless any person giving such consent.

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____

Check out www.medinacountyohc.com for updates! Latest information will be posted there!