



**BILTMORE**<sup>TM</sup>  
Equestrian Center



A Partnership for  
Endurance Xcellence

**Abaxis Veterinary Diagnostics,  
APEX, and Biltmore Equestrian Center  
proudly present**

# Performance Profiling

Associated with the Biltmore Challenge endurance ride  
**Friday, Saturday, Sunday 6, 7, 8 May 2011**

The package: Six blood draws and analysis: one at pre-ride check in; one at first control check; one at third control check in the 100 (mid-point) or second control check (50; and 75 since mid-point); one at final check; one two hours after finish; one Sunday morning. Horse weighings each time. Analysis of dynamic of weight loss vs electrolytes, enzymes, etc. Individual discussion of analysis with print out. About one month later, group conference call to discuss the overall results.

PARTICIPANT NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/ST \_\_\_\_\_ ZIP \_\_\_\_\_

EMAIL (**PRINT!!**) \_\_\_\_\_

HORSE NAME(S)\*: \_\_\_\_\_ (1 owner can do multiple horses)

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

	APEX member	Others (fee includes APEX Assoc Mbrshp)
Performance Profiling	\$75	\$100

\$ \_\_\_\_\_ PARTICIPATION FEE (from above x number of horses. If not APEX member, first horse is \$100, subsequent horses are \$75)

*Please make checks payable to: APEX*

*Mail to:*

**Anne Ayala  
5 Vaux Court  
Asheville, NC 28803**

SIGN LIABILITY ON REVERSE!

**Questions? Call Cheryl Newman at 828-665-1531; or e-mail: [cherylnewman@charter.net](mailto:cherylnewman@charter.net)  
Or Anne Ayala at 828-274-5121; or e-mail: [kenayala@charter.net](mailto:kenayala@charter.net)**

\*Note: Fractious horses may be dismissed from the study, with full refund.

THE FOLLOWING RELEASE MUST BE SIGNED FOR REGISTRATION TO BE VALID!

**Statement of Liability Waiver**

I wish to participate in the Abaxis, A Partnership for Endurance Xcellence (APEX) , Biltmore Equestrian Center Performance Profiling, to be held Friday through Sunday 6 – 8 May 2011. I have read the conditions and regulations of the event and will comply with them.

I hereby knowingly execute this waiver of the right to sue and do hereby agree to assume all risks associated with participation in the clinic, sponsored by Abaxis, A Partnership for Endurance Xcellence or in riding, on the premises of the Biltmore Equestrian Center.

I will hold harmless Abaxis, the A Partnership for Endurance Xcellence, its officers and directors, Biltmore Equestrian Center, all clinic personnel, their representatives, successors and assigns, for any accident, injury or loss that might occur due to my participation in this event, and free from all liability for such injury or loss, including that due to negligence not caused by wanton or willful misconduct of Abaxis, the A Partnership for Endurance Xcellence, its officers and directors Biltmore Equestrian Center, or clinic personnel and volunteers. This release extends to all claims of every kind and nature whatsoever, whether known or unknown, and I expressly waive any benefits that I may otherwise have under provisions of the law of North Carolina relating to the release of known claims. I understand that this release constitutes a limitation on my legal rights. Any action instituted against Abaxis, the A Partnership for Endurance Xcellence, its officers and directors, Biltmore Equestrian Center, or clinic personnel must be filed in the State of North Carolina.

The undersigned verifies acceptance of risks and responsibilities for participant and certifies that all information on this form is correct to the best of his/her knowledge.

THIS AGREEMENT IS BINDING UPON MYSELF, MY SPOUSE, LEGAL REPRESENTATIVES, HEIRS, EXECUTORS AND ASSIGNS.

I HAVE READ THE ABOVE, UNDERSTAND IT, AND AGREE TO ABIDE BY THIS.

Dated: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Parent/Guardian of Junior Participant's Signature: \_\_\_\_\_

Parent/Guardian of Junior Participant (please print): \_\_\_\_\_

**CONSENT FOR JUNIOR PARTICIPANT**

I accept all rules that apply to my registration and, in my absence, consent to emergency medical treatment or aid to said Junior rider.

Name of Junior Participant: \_\_\_\_\_

Signed: (parent/guardian): \_\_\_\_\_

Name of parent/guardian: PRINT \_\_\_\_\_

Dated: \_\_\_\_\_