**SHELTOWEE**  Your Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TRAIL RIDE**

**APPLICATION 2022**

Name tag title (if different than name above)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please include city, state and zip code)

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ e-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\* T-Shirt Size**: Each person will receive a T-shirt if application is received by deadline.

Adult Sizes (Circle one): **S M L XL 2XL 3XL**

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**SHELTOWEE TRAIL RIDE September 25-October 1, 2022 Buffalo River Trail Ride**

**Application Deadline: August 1, 2022 Tennessee**

**Ride Fee \_\_\_ $375 (includes camp fee/stall) $ \_\_\_\_\_\_**

**\_\_\_ $415** (if submitted after August 1st – **NO** **EXCEPTIONS) $\_\_\_\_\_\_\_**

**Late sign-up you my not get a tee shirt**

**\_\_\_\_\_Would you like to Donate to Live Music? $\_\_\_\_\_\_\_\_\_**

\*\*Total number of years you have participated on this ride, **including this year**: \_\_\_\_\_\_\_\_\_\_

Are you riding an Appaloosa? (Y or N). Is it enrolled in the Distance Program? (Y or N). If

yes to either, please enter its registered name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and

ApHC number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**TOTAL AMOUNT ENCLOSED- $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***MAKE CHECKS PAYABLE TO: SHELTOWEE TRAIL RIDE***

Notification of cancellation must be received by the Sheltowee office by the dates below in order to receive the refund described below.

“Ride date” is the first scheduled day of the ride.

\* At least 30 days prior to ride date: refund of amount paid less $50 (non-refundable deposit).

\* 29 to 7 days prior to ride date: refund of amount paid less $100 ($50 deposit + $50 surcharge)

\* 6 days prior to ride date to ride date: NO REFUND GIVEN

**(OVER)**

**HORSES:** must be 4 years of age by foal date at the time of the ride. .

**TRAIL RIDE RELEASE/INDEMNITY STATEMENT**

I understand that the Sheltowee Trail Ride Managers may prohibit attendance by anyone who does not recognize and abide by camp rules or those laws and ordinances set forth by federal, state, county or city government agencies. Failure to comply may result in disciplinary and/or criminal action. Any person or persons who are prohibited by the ApHC from participating on an ApHC trail ride, for reasons stated in the ApHC Handbook of Safety Information and Rules, will forfeit all ride fees paid and will, under no circumstance, receive a refund. I do hereby for myself, my spouse, heirs, and legal representatives and assigns agree that I am aware that participation in such trail ride is a hazardous activity, and I am voluntarily participating in this trail ride with full knowledge of the many risks and dangers involved in such trail ride and agree to accept any and all risks of injury or death from my participation in the ride. In consideration of being permitted to participate in the indicated ride(s) conducted by the Sheltowee Trail Ride Managers for myself, my spouse, legal representatives and assigns (thereby participants) hereby release the ApHC, contractors, sponsors, trail and camp site land owners, and those persons leasing horses for this trail ride, from all liability to participate in this trail ride on account of damage to my property or injury or damage suffered by me, including injury resulting in my death, whether caused by the negligence of the ride managers or other participant persons while I am exhibiting, riding or otherwise involved in this indicated trail ride and do further agree for myself and other participants to indemnify the released persons from any and all such claims and damages. I acknowledge that the Ride Physician has full authority to prohibit attendance by anyone deemed unfit for medical reasons.

I will be participating on an Appaloosa Horse Club contracted trail ride. I agree to adhere to any and all rules and regulations.

Participant Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Adult or Youth (age):\_\_\_\_\_\_

*(Children under the age of 10 are not allowed to attend rides due to insurance limitations.*

*Youth age 10/12-17 must be accompanied by a parent or guardian).*

***Participant Signature (Required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Signature of Parent or guardian--***if participant is under age 18:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Return this application and medical form to:**

**PATIENCE REAGAN**

**4 HOWE TERRACE**

**WELLSVILLE, NY 14895**

**Cell Phone: 585.610.9343 e-mail:** patiencem@verizon.net

**\*\*\*INFORMATION FOR YOUR HEALTH PAPERS\*\*\***

**BUFFALO RIVER TRAIL RIDE**

**245 HWY 13 SOUTH**

**WAYNESBORO, TN 38485**

Phone: 931-722-9170

e-mail: [buffalorivertrailride@live.com](mailto:buffalorivertrailride@live.com)