



2010 ApHC National Trail Ride Application

Your Name: _____
Membership #: _____
FOR OFFICE USE:
Work Order: _____
Item code/amount: _____

Name tag title (if different than name above) _____
Your Address _____
Phone _____ email _____
Are you a driver on the Chief Joseph ride? If so, for whom? _____

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

RIDE SELECTION AND FEES

**Ride fees do not include ApHC membership, which is required for all attendees on all National ApHC Trail Ride events.
****All fees are subject to change. Fees will be set by March 2010****

A minimum **\$50 non-refundable deposit** is required to hold a place on each trail ride and must accompany this completed application form, including the signed release/indemnity statement and medical form. *All fees must be paid in full by the application deadline to avoid the late fee.* Deposits are non-transferrable.

↓Amounts Enclosed↓
(Enter all that apply)

APACHE LAND TRAIL RIDE (ALTR) April 25 – May 1 Coronado National Forest, Arizona
Application Deadline: Mar 15, 2010. Open to all Breeds
Ride Fee \$390 (estimated) for all participants, \$ _____
Please indicate whether you are a: rider or non-rider (Circle one)
Total number of years you have participated on this ride, including this year: _____
If a rider, 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: _____

LAND OF LIBERTY TRAIL RIDE (LLTR) June 13 – 19 Wellsboro, Tioga St. Forest, Pennsylvania
Application Deadline: May 3, 2010. Open to all Breeds
Ride Fee \$355 (estimated) for all participants, \$ _____
Please indicate whether you are a: rider or non-rider (Circle one)
Total number of years you have participated on this ride, including this year: _____
If a rider, 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: _____

CHIEF JOSEPH TRAIL RIDE (CJTR) July 18 – 24 Jackson to Bannock Pass, Montana
Application Deadline: June 7, 2010. Open to ApHC Registered Appaloosas Only
Ride Fee (Check one) \$470 Adult Rider, \$445 Youth Rider 12-18, \$410 Non-Rider (all estimated) \$ _____
Vehicle Fee: A \$60 deposit is required to reserve a slot for a private vehicle driven in the daily caravan. A vehicle is defined as a stand-alone unit or towing/trailer combination. Vehicles parked at the termination camp are not included in this fee. \$ _____
Total number of years you have participated on this ride, including this year: _____
If a rider, please record your **Appaloosa** below. Please indicate if it is it enrolled in the Distance Program: (Y or N).
Horse's Registered name: _____ and ApHC number: _____
For Chief Joseph Medallion (horse): Number of consecutive years on the Chief Joseph ride, including this year: _____
For 13 year award (horse): Total number (non-consecutive) years on the Chief Joseph ride, including this year: _____

SHELTOWEE TRAIL RIDE (DBTR) October 3 – 9 Daniel Boone National Forest, Kentucky
Application Deadline: August 30, 2010. Open to all Breeds
Ride Fee \$370 (estimated) for all participants, \$ _____
Please indicate whether you are a: rider or non-rider (Circle one)
Total number of years you have participated on this ride, including this year: _____
If a rider, 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: _____

DEPOSITS: A minimum **\$50 non-refundable, non-transferable deposit** is required to hold a place on **each trail ride** and must accompany this completed application form. \$ _____

A **\$60 deposit** is required to hold a **vehicle slot** on the **Chief Joseph Trail Ride daily caravan** \$ _____

2010 MEMBERSHIP FEE (if you don't already have one): \$55 Individual \$ _____
(\$80 Couple or \$95 Family. Please refer to this payment on the other applications)

Due to insurance policy requirements, all trail ride participants (riders and non-riders alike) must be current members.

LATE FEE [\$50]: For applications or payments received after the application deadline \$ _____

**TOTAL AMOUNT FROM FRONT SIDE AND THIS SIDE
ENCLOSED – OR TO BE CHARGED TO YOUR CREDIT CARD: \$ _____**

Credit Card information (only the following 2 cards are accepted):

Please bill my: VISA MasterCard Card #: _____
Expiration Date: _____

Name on card (please print): _____ Cardholder's Signature: _____

Ride Cancellation/Refund Policy

A written notice of cancellation must be received by the ApHC 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 (the 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 the ride date: No refund given.

Horses: must be 4 years of age by foal date at the time of the ride. In order to document rides for the Chief Joseph Trail Ride Medallion (10 consecutive years) and Distance Program Awards for ApHC-sponsored trail rides, please enter Appaloosa information (ApHC-registered horses only) under each ride for which you are enrolling.

Ride Roster: Rosters are printed for each trail ride and distributed to all participants as a way to maintain contact with new and old friends. Your name and contact information will be listed on the public ride roster unless you specifically opt out. If you **DO NOT** wish to have your name and contact information printed in the ride roster, sign here:

Trail Ride Release/Indemnity Statement

I understand that the ApHC may prohibit attendance by anyone who does not recognize and abide by ApHC 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 and ApHC membership fees paid and will, under no circumstance, receive a refund. Suspension from the ApHC and its events may be enforced. 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 ApHC I for myself, my spouse, legal representatives and assigns (thereby participants) hereby release the ApHC, its directors, officers, employees, agents, 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 ApHC 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 sponsored 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 and (12 on the Chief Joe) 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 to:

Trail & Distance Coordinator

2720 W. Pullman Road, Moscow, ID 83843

Phone: 208-882-5578 ext 221 ** email: trailrides@appaloosa.com ** FAX 208-882-8150

Your Name: _____

Membership #: _____



**MEDICAL INFORMATION
PERMISSION TO TREAT
ApHC Trail Rides**

This information is strictly confidential.

It is provided to the Ride Physician and is used only in case of emergency.

The Ride Physician has full authority to prohibit an applicant from participating in any ApHC ride if participant is deemed unfit for medical reasons and/or is disabled by certain physical impairments.

(Please print clearly. Thank you!)

Your Age _____ Sex: M or F (circle one)

Will you be attending by yourself? Yes No

If No, with whom will you be attending? _____

Please list any medical conditions: _____

Please list any allergies or allergic reactions you may have to medications: _____

Please list any medications you are currently taking: _____

In case of emergency, please contact: (Name, relationship, and phone number)

1st _____
Name relationship phone

2nd _____
Name relationship phone

If you have any special needs or concerns, please discuss them with the ride physician.

PERMISSION TO TREAT

In the Event of medical necessity, it is my desire that the Ride Physician initiate any medical treatment he or she deems necessary for my well-being. I accept full responsibility for all medical and health care rendered in response to this letter of Permission to Treat. I will not hold the ApHC or the Ride Physician, his/her heirs, heirs of his/her estate or assigns liable for any treatment rendered. Furthermore, in the event I refuse treatment offered, I agree to assume all risks and hold harmless the Ride Physician for any liability that may result from said refusal.

Participant Signature (Required): _____

If participant is under age 18, **Signature of parent or guardian:** _____