



# 2009 ApHC National Trail Ride Application

Your Name: \_\_\_\_\_

Membership #: \_\_\_\_\_

FOR OFFICE USE:

Work Order: \_\_\_\_\_

Item code/amount: \_\_\_\_\_

Nametag title (if different than name above) \_\_\_\_\_

Your Address \_\_\_\_\_ City \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_ Zip/postal code \_\_\_\_\_

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. All fees are subject to change\*\***

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 12 – 18, 2009 Wild Horse Camp, Honobia, Oklahoma**  
**Application Deadline: Mar 2, 2009. Open to all Breeds**

**Ride Fee** (Check one.....  \$415 for all participants,  \$385 for last 4 days,  \$355 for last 3 days \$ \_\_\_\_\_

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: \_\_\_\_\_

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**LAND OF LIBERTY TRAIL RIDE (LLTR) June 14 – 20, 2009; Cook Forest Scenic Trail Rides, Clarion, Pennsylvania**  
**Application Deadline: May 4, 2009. Open to all Breeds 3-day option is for last 3 ride days (Wed – Fri)**

**Ride Fee** (Check one) ...  \$335 Adult,  \$275 Youth 10-18; or  \$255 Adult 3 days,  \$215 Youth 3 days \$ \_\_\_\_\_

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: \_\_\_\_\_

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**CHIEF JOSEPH TRAIL RIDE (CJTR) July 19 – 25, 2009; Darby to the Big Hole Battlefield, Montana**  
**Application Deadline: June 8, 2009. Open to ApHC Registered Appaloosas Only**

**Ride Fee** (Check one).....  \$450 Adult Rider,  \$425 Youth 12-18,  \$390 Non-Rider \$ \_\_\_\_\_

**Vehicle Fee \$60:** A \$60 charge is required for private vehicles 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 required to pay this fee. \$ \_\_\_\_\_

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, please record your **Appaloosa** below. Please indicate if it is enrolled in the Distance Program: ( Y or N ).

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: \_\_\_\_\_

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**SHELTOWEE TRAIL RIDE (DBTR) October 4 – 10, 2009; Daniel Boone National Forest, McKee, Kentucky**  
**Application Deadline: Aug 24, 2009. Open to all Breeds 3-day option is for last 3 ride days (Wed – Fri)**

**Ride Fee** (Check one) ...  \$335 Adult,  \$275 Youth 10-18; or  \$255 Adult 3 days,  \$215 Youth 3 days \$ \_\_\_\_\_

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 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.

**2009 MEMBERSHIP FEE (if necessary):** \$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 the 400-mile ROM/800-mile Superior Event Award (Distance Program Enrollees) 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 a 2009 Appaloosa Horse Club sponsored trail ride. I agree to adhere to any and all rules and regulations.

Participant Name (please print): \_\_\_\_\_ Age: \_\_\_\_\_

*(Children under the age of 12 (10 on the Land of Liberty) 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)

1<sup>st</sup> \_\_\_\_\_  
Name relationship phone

2<sup>nd</sup> \_\_\_\_\_  
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:** \_\_\_\_\_