



2018 Chief Joseph Trail Ride Application

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

One Application Per Person

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 ApHC sponsored Trail Rides.

****All fees are subject to change****

A minimum **\$100 deposit of which \$50 is non-refundable** is required to hold a place on the 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, June 15th, to avoid the late fee. Deposits are non-transferrable.** All applications not received on or before the deadline may not receive their awards, pins or packets.

↓Amounts Enclosed↓
(Enter all that apply)

CHIEF JOSEPH TRAIL RIDE (CJTR) July 23 – July 27

**Tolo Lake, Graves Creek, Whitebird
Battlefield, ID**

Application & Payment Deadline: June 15, 2018. Open to ApHC-Registered Appaloosas Only

Ride Fee (Check one)... \$570 Adult Rider, \$515 Youth Rider 12-18, \$520 Non-Rider \$ _____

DEPOSIT: A minimum **\$100 deposit of which \$50 is non-refundable, non-transferable** is required to hold a place on **the trail ride** and must accompany this completed application form. *Balance due by ride deadline.* \$ _____

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

Vehicle Fee: A \$65 deposit is required to reserve a slot for a private vehicle driven in the daily caravan. A vehicle is a stand-alone unit or towing/trailer combination. Vehicles parked at termination camp are not included in this fee. \$ _____

Total number of years you (rider or non-rider) have participated on this ride, including this year: _____

If a rider, please record your **Appaloosa** below. Your registered Appaloosa will NOT be eligible for awards unless you provide the following information:

Horse's Registered Name: _____ Registration # _____

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: _____

Is your horse enrolled in the Distance Program? Yes or No

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

2018 MEMBERSHIP FEE (if you don't already have one): \$60 Individual, \$105 Couple, \$120 Family, \$15 Youth \$ _____

DISTANCE PROGRAM ENROLLMENT: Please enroll my registered Appaloosa in the ApHC Distance program to enable my horse to earn year-end and lifetime awards for miles ridden. ENROLLMENT FEE: \$35/horse \$ _____

SADDLE LOG PROGRAM ENROLLMENT: Please enroll me in the saddle log program so I can earn prizes for the hours I spend riding my Appaloosa. ANNUAL ENROLLMENT FEE: \$25/person \$ _____

T-Shirt: In addition to the complimentary t-shirt I receive as a participant (size indicated on page 1) I'd like to purchase additional t-shirts. \$20 each. \$ _____

Adult Sizes (indicate quantity and size): S _____ M _____ L _____ XL _____ 2XL _____ 3XL

TOTAL AMOUNT FROM PAGE 1 AND PAGE 2 \$ _____

Amount Enclosed: \$ _____ or Please bill my: VISA MasterCard Discover Card

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: 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, initial 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 will 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.

(Children under the age of 12 on the Chief Joe are not allowed to attend rides due to insurance limitations. Youth age 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 264 ** 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 nor 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:** _____