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

**TRAIL RIDE**

**APPLICATION 2017**

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**

**RIDE SELECTION AND FEES**

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

**SHELTOWEE TRAIL RIDE October 1-7, 2017 Cedar Lake Horse Camp**

**Application Deadline: September 1, 2017 *Open to all Breeds*  2090 Gilead Church Rd., Vienna, IL 62995**

**Ride Fee \_\_\_ $325 (for all participants choosing the full ride) $\_\_\_\_\_\_**

**\_\_\_ $365 (if submitted after September 1 – NO EXCEPTIONS) $\_\_\_\_\_\_**

**\*\*\*\*\*\*\*\*(Fee DOES include camp fee)**

\*\*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--OR TO BE CHARGED**

**TO YOUR CREDIT CARD:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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 FOR RIDE**

A written notice 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

**HORSES:** must be 4 years of age by foal date at the time of the ride. In order to document Distance Program Awards for ApHC-sponsored trail rides, please enter Appaloosa information (ApHC-registered horses only) where indicated above.

**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:**

**ROLAND C. HAUN**

**872 NACKE PIKE**

**CECILIA, KY 42724**

**Phone: 270-862-9357 e-mail:** [**rchaun@yahoo.com**](mailto:rchaun@yahoo.com) **FAX: 270-862-3398**

##########################FOR YOUR HEALTH PAPERS#########################

Cedar Lake Horse Camp

2090 Gilead Church Road

Vienna, Illinois 62995