

2025 NOKOTA HORSE YOUTH PROGRAM APPLICATION FORM

Priority application deadline: August 15. Late application deadline: October 1

Completed applications must be submitted by the deadline. For the best chance of admission into the program, and the most likely match with a horse closest to your home, apply by the priority deadline. Participants may be selected and matched with horses any time after August 15, with most participants matched October- December.

Applicant/Participant Eligibility Requirements:

- Applicant/Participant must be a current Nokota Horse member in good standing and must remain an NHYP member in good standing for the duration of the program.
- Applicant/Participant cannot turn 19 before January 1 of the program year (January 1, 2025).
- Applicant/Participant must be at least 13 years old by January 1 of the program year (January 1, 2025).

1. Personal Information

2. Biography - Please write a short personal biography (school activities, hobbies, goals, etc.).

3. Family Involvement - What type of involvement or support would you expect from your parents, guardian or family/friends to ensure a successful project?

4. Horsemanship - Have you ever started a young horse before? If so, briefly describe your role and the process.

Please describe your training philosophy when starting a young horse.

How many horses do you/your family currently own/lease? Describe your riding and training experience.

Have you participated in this, or any other similar program, before? If yes, briefly explain the program.

5. Video Essay - In a short video, approx. 2 – 3 minutes, film yourself answering the following question: “Why I would like to own and raise an American Quarter Horse weanling.” Your video should be uploaded to YouTube or submitted as a file attachment. When uploading to YouTube, please double check the privacy settings to be viewable. Please use the backside if more room is needed.

6. Letters of Recommendation

Each applicant will submit a total of two letters of recommendation. Letters of recommendation must be from individuals not related to the applicant.

7. Transcripts or Grade Reports

Each applicant will submit copies of school transcripts or grade reports from the previous two years.

8. Liability Release

9. Facility Form

The accompanying facility form on pages 5 and 6 must be filled out before the application is considered to be complete.

10. Online Access and Digital Submission

Acknowledgement If selected, I understand the entirety of this program's record keeping and assignments will be submitted via email. I also understand there will be multiple assignments that will require video recording and submission. By completing this application, I am confirming that I will have online access and the means to submit all required materials as outlined in the program Record Book

11. Signatures

Nokota Horse youth Program Facility and Horse Information

NHYP Member Name: _____
Daytime Phone Number: _____
Parent/Guardian Name: _____
Parent/Guardian Driver's License Number: _____ State/Province: _____

1. Describe your existing facility, transportation, and feed program:

A. Pasture or Pen

Dimension: Length: _____ Width: _____ Height of fencing: _____

Gate Height _____ : Gate Width: _____

Materials used for fencing and gate: _____

The use of barbed-wire fencing is discouraged due to the inherent risk of injury to horses.

How often will your horse be turned out? _____

What other horses will share this space (if any)? _____

B. Shelter

Maximum Height: _____ Minimum Height: _____

Gate Height: _____ Gate Width: _____

Materials used on and in shelter: _____

Is shelter attached to the pasture or pen, described above? Yes No

If not attached, how is it accessible? _____

What other horses will share this space? _____

C. Feed

Type of hay or pasture: _____ Amount per day (lbs) _____

Supplemental Feed: _____ Amount per day (lbs) _____

Describe your daily feeding plan: _____

D. Access to Water

Will you use a tank, buckets, natural source or all options? _____

Source of water (city, well, or natural source): _____

How often will water be checked? _____

E. Trailer Interior

Length _____ Interior Width: _____ Interior Height: _____

Covered with: _____ Type of Doors: _____

2. **Facility Map**

Include a drawing or map showing the location and general layout of the facilities where the horse will be kept. This can be a drawing or overhead photo (ex: google maps).

Nokota Horse Youth Program Supplemental Facility Information

If you anticipate a change of facility for your horse during the program year from January 1 – August 31, due to a planned family move, going to college/university, etc., please complete this supplemental facility information at time of application. We understand that sometimes plans change, so if you become aware of a relocation after the start of the program, you will be asked to complete the supplemental facility form at that time.

ALL APPLICANTS – Please check one of the following responses:

- I have read the statement above and potentially will be moving my horse during the program year.
 I have read the statement above and potentially will be moving my horse during the program year, however, I do not have enough information at the time to complete the supplemental facility form.
 I have read the statement above and do not currently plan changing facilities for my horse during the program year.

1. Describe your future facility:

A. Pasture or Pen

Dimension: _____ Length: _____ Width: _____ Height of fencing: _____

Gate Height: _____ Gate Width: _____

Materials used for fencing and gate: _____

The use of barbed-wire fencing is discouraged due to the inherent risk of injury to horses.

How often will your horse be turned out? _____

What other horses will share this space (if any)? _____

B. Shelter

Maximum Height: _____ Minimum Height: _____

Gate Height: _____ Gate Width: _____

Materials used on and in shelter: _____

Is shelter attached to the pasture or pen, described above? Yes No

If not attached, how is it accessible? _____

What other horses will share this space? _____

C. Access to Water

Will you use a tank, buckets, natural source or all options? _____

Source of water (city, well, or natural source): _____

How often will water be checked? _____

2. Facility Map

Include a drawing or map showing the location and general layout of the facilities where the horse will be kept. This can be a drawing or overhead photo (ex: google maps)

AQHA RANCHING HERITAGE PROGRAM ASSUMPTION OF RISK, RELEASE OF LIABILITY AND INDEMNITY

AGREEMENT As a condition of participation in the Nokota Horse Youth Program (“Program”), and in consideration of being allowed to participate, the Participant and the Parent/Guardian of the Participant do hereby: 1. CERTIFY that Participant agrees to abide by NHYP/AQHA rules and the specific rules governing the Program; 2. AGREE and represent that Participant understands the nature of the participation associated with the Program including but not limited to the care, feeding, housing and training of a horse (“Activities”) and that the Participant is qualified, in good health, and in proper physical condition to participate in such Activities; 3. FULLY UNDERSTAND THAT THE ACTIVITIES INCLUDE, BUT ARE NOT LIMITED TO, “INHERENT RISKS OF EQUINE ACTIVITIES” THAT MAY RESULT IN PROPERTY DAMAGE AND BODILY INJURY, INCLUDING, BUT NOT LIMITED TO, PERMANENT DISABILITY, PARALYSIS, AND DEATH (collectively “RISKS”); that such RISKS may be caused by Participant’s own action or inaction, the action or inaction of others participating in the Activities, the condition of the premises at which the Activities take place, and/or the negligence of the “Releasees” named below; 4. UNDERSTAND AND AGREE that “Inherent risk of equine activities” means dangers or conditions that are an integral part of equine activities, including, but not limited to, any of the following: (a) the propensity of an equine to behave in ways that may result in injury, death, or loss to persons on or around the equine; (b) the unpredictability of an equine’s reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals; (c) hazards, including, but not limited to, surface or subsurface conditions; (d) a collision with another equine, another animal, a person, or an object; and (e) the potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant; 5. FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES PARTICIPANT INCURS AS A RESULT OF PARTICIPANT’S PARTICIPATION IN THE ACTIVITIES; 6. WARRANT AND REPRESENT that Participant has the ability to properly care for a horse by providing adequate nutrition, housing and training. If Participant is not able to meet all of the requirements of a horse or Participant’s circumstances change, Participant agrees that he/she will immediately contact Jennifer Mueller at NHYP or the appropriate third party contact from whom Participant received the horse and seek help and advice in meeting the needs of the horse. 7. WARRANT AND REPRESENT that Participant adequately qualified and experienced to both (a) safely care for, handle and ride a horse in a manner to protect Participant and other third parties, and (b) participate with groups of riders and horses, such as to take adequate defensive action to avoid injury from third party participants and horses. Furthermore, Participant understands that it is Participant’s responsibility to ascertain the adequacy of Participant’s training and experience, the adequacy and training of Participant’s horse, and for Participant conduct himself/herself in a manner such as to make the Activities safe; 8. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE NHYP, NOKOTA HORSE PRESERVATION BREEDERS, NOKOTA HORSE CONSERVANY AND/OR THE THIRD PARTY THAT PROVIDED THE HORSE TO THE PARTICIPANT OR THEIR RESPECTIVE ADMINISTRATORS, DIRECTORS, AGENTS, OFFICERS, MEMBERS, VOLUNTEERS, AND EMPLOYEES (EACH CONSIDERED ONE OF THE “RELEASEES” HEREIN) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES WHENEVER OR HOWEVER ARISING AS TO INJURY, DEATH AND/OR PROPERTY DAMAGE OCCURRING AS A RESULT OF PARTICIPANT’S PARTICIPATION IN THE ACTIVITIES OR CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. 9. AGREE to indemnify, hold harmless and defend RELEASEES from any and all liability, whenever or however arising, from all third party claims, demands, causes of action, suits, judgments, liabilities, costs and expenses of any nature arising out of (a) Participant’s negligent act(s) or omissions during or related in any way to the Activities; and/or (b) Participant’s willful act(s) or omission(s) during or related in any way to the Activities; and/or (c) any misinformation or misrepresentations made by Participant in this Agreement. Participant agrees to pay any of RELEASEES costs, expenses and reasonable attorney fees incurred, arising directly or indirectly out of or with respect to any third party claims or associated with the enforcement of the indemnity obligations referenced above. 10. Agree that NHYP, without further consideration, may use any photograph, video or other form of likeness reproductions of Participant as well as Participant’s name and address (city/state only) to promote the Program, NHYP objectives and NHYP activities, including but not limited to use by third parties with NHYP’s authorization. 11. AGREE that this Assumption of Risk/Release of Liability/Indemnity Agreement (“Agreement”) (a) shall bind me, my family, my heirs, legal representatives, successors and assigns; (b) shall be governed by the laws of the State of Wisconsin; and (c) shall be subject to the exclusive jurisdiction of the state and federal courts located in Polk County, Wisconsin. 12. Agree that I have read this agreement, fully understand its terms, understand that I am giving up substantial rights by signing it and have signed it freely and without inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any provision of this agreement is held to be void, voidable, invalid or inoperative, the balance, notwithstanding, shall continue in full force and effect as though such provision had not been contained herein. DEADLINE TO SUBMIT THIS FORM FOR AQHA’S RECEIPT: Priority deadline of August 15 or late deadline of October 1