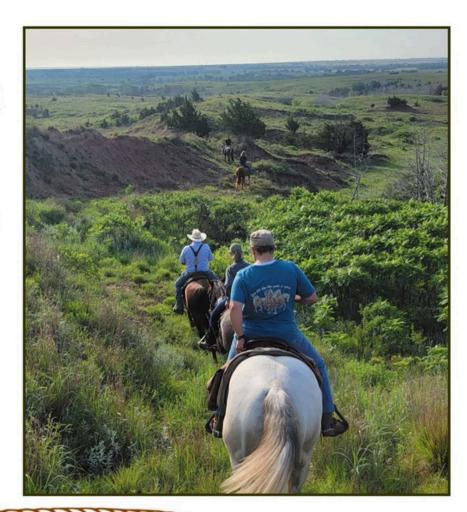
Join the
Kansas Horse Council
at the
Little Barn Ranch,
and ride private ranch
lands in the beautiful
Gyp Hills!

Oct 17-19, 2025



Friday: Arrive any time after Noon. Short ride available at 4pm.

7 pm - Potluck Dinner (bring dish to share, fire pit/grill available)

Saturday: 9:30 am – In the saddle and ready ride! Lunch on the trail (pack your own).

6:30 pm - Supper provided at camp. Door prizes.

Sunday: 8 am – Breakfast provided at camp.

9:30-11:30 am - Morning ride.

Primitive camping, 20 pens available; to reserve, contact Marti: cowgirlpointofview@yahoo.com. Campers may set up portable pens; high line available near camp. Water for horses is available.

Little Barn Ranch is located 3 mi. west of Medicine Lodge on Hwy 160 and 6 mi. south

Registration: \$50 for BCHKS or KHC members; \$60 non-members.

Non-riders welcome, \$30/each. Kids under 12, free.

To register, contact KHC Office, 785-776-0662 or director@kansashorsecouncil.com.

Rain or Shine - Ride limited to 45 riders.

The Kansas Horse Council, Inc. (Sponsor) & Jim & Marti Sheetz (Sponsor) present èThe Little Barn Ranch Ride at the Sheetz Ranchê, (Premise Owner), located at 7701 SW Gyp Hill Rd., Medicine Lodge, KS 67014

REGISTRATION FORM October 17, 18 & 19, 2025

Please complete the required information FOR EACH RIDER, with ONE RIDER ONLY ON EACH REGISTRATION FORM. Make copies of the form as needed. Riders under 18 years of age MUST BE accompanied by a parent or legal guardian. The total registration fee MUST be paid in full at the time of registration. *If your horse injures persons or other animals, or damages property, YOU are an ancially responsible for all costs involved. Please be sure you have insurance in place for incidents. NOTE: A Kansas Horse Council individual or family membership comes with the \$1M Personal Excess Liability policy. Not a member? Join TODAY! www.kansashorsecouncil.com

| Rider Name: | Cell Phone: | | |
|--|---|---|---|
| Address: | | | |
| Email: | | | |
| If participant is under 18, Parent/Guardian Respons | sible: | | |
| PROTECTIVE HEADGEAR OFFERING: Protect all riders aged 18 and younger. For riders over the age [] PROTECTIVE HEADGEAR ACCEPTANCE: RIDER ACCEPTS FULL RESPONSIBILITY FOR RIDER [] PROTECTIVE HEADGEAR REFUSAL: RIDER REPORTED RIDER ACCEPTS FULL RESPONSIBILITY FOR RIDER REPORTED RIDER ACCEPTS FULL RESPONSIBILITY FOR RIDER ACCEPTS FULL RESPONSIBILITY FOR RIDER REPORTED REPORTED RESPONSIBILITY FOR RIDER RESPONSIBILITY FOR RESPONSIBIL | ge of 18: DER WILL WEAR PRO RIDER AT ANY TIME N ER'S SAFETY IN THIS D EFUSES TO WEAR ANY ER'S SAFETY IN THIS D | TECTIVE HEADGEANOT WEAR PROTECTION. TYPE OF PROTECTION. DECISION. | AR, WHICH RIDER CTIVE HEADGEAR, TIVE HEADGEAR |
| Waiver and Release: I understand that equine activities are inherently dar accompany riding, including but not limited to outs competitions. in nature. I expressly assume all risks a participating in this event, I agree that I will not, on r litigation or claim for damages of any kind, including Board of Directors, Members or Volunteers, Sponsoride (hereinafter collectively "the Released Parties" the Released Parties. | ngerous given the nature side trails, indoor and c associated with the same my behalf or on the beha personal injury or death ors, Clinicians and/or th '), including those instan | outdoor arenas, and e. As a condition pre If of any minor child , against the Kansas e Premise Owners u | and the risks that /or in clinics or cedent to ren of mine, bring Horse Council, its upon whose land I |
| | <u>WARNING</u> | | |
| "Under Kansas law, there is no liability for an injuanimal activities resulting from the inherent risks 60-4001 through 60-4004. You are assuming the ri | s of domestic animal activities of participating in this | ties, pursuant to K.S. domestic animal activ | Α. |
| (1) The propensity of a domesticated bucking, biting, kicking, shying, stumbli result in an injury, harm or death to per (2) the unpredictability of a domestic sounds, sudden movement and unfamili (3) certain hazards such as surface at (4) collisions with other domestic and (5) the potential of a participant to a injury to the participant or others, such animal or not acting within such participant KS STAT. K.S.A. §60-4002 et. seq. (1994) | ing, rearing, falling or ste rsons on or around them; ic animal's reaction to suc iar objects, persons, or oth and subsurface conditions nimals or objects; and act in a negligent manner as failing to maintain con pant's ability." | pping on, that may th things as heranimals; ; that may contribute t | |

Signature:

| REGISTRATION FEES: | Cost Per Participant | My Fees | |
|--|---------------------------------|-----------------------|---|
| Ride Fee per person | \$60 | | |
| KHC/BCHKS Member discount | \$-10 | - | |
| Non-Rider (meal) | \$30 | | |
| Total Due | | \$ | |
| | | | |
| | | | |
| | | | |
| Snacks, Drinks & Lunch Provided | | | |
| | | | |
| We accept CASH, CHECKS, MONEY | ORDERS and CREDIT CA | RDS. An electronic ii | nvoice can be sent to you |
| or easy online payment once your re | | | _ |
| | | | |
| Mail: | Email: | | Questions: |
| Kansas Horse Council 8831 Quail Lane, Suite 201 | director@kansashorsecouncil.com | | Contact Justine Staten Kansas Horse Council |

EMERGENCY MEDICAL CARE INFORMATION

Manhattan, KS 66502

| In case of a medical emergency, please contact: | | | | |
|---|---------------------------|--------------|--|--|
| Name: | Relationship | Phone Number | | |
| Name: | Relationship | Phone Number | | |
| Physicianés Name: | Phone Numb | er | | |
| Preferred Medical Facility/Hospital: | Phone Number | | | |
| Medical Insurance Provider: | | | | |
| (Please attach a copy of your insura | nce card, front and back) | | | |

Proof of Negative Coggins is required for all horses. If you are hauling from outside of Kansas, you will also need a 30 d. Health Certi, cate (CVI).

785-776-0662