Kansas Horse Council

Registration Form

Onaga Ride, October 1, 2022

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. The first 45 registrations will be accepted on a first come first served basis.

| Rider Name: | Phone #: |
|--|--|
| Address: _ | |
| E-mail: | If under 18, name of adult rider: |
| required for [] PROTEC RIDER WILI HEADGEAR [] PROTEC | IVE HEADGEAR OFFERING: Protective headgear (i.e. equine approved safety helmet) is all riders aged 18 and younger. For riders over the age of 18: CTIVE HEADGEAR ACCEPTANCE: RIDER WILL WEAR PROTECTIVE HEADGEAR, WHICH PROVIDE, FIT AND SECURE. SHOULD RIDER AT ANY TIME NOT WEAR PROTECTIVE, RIDER ACCEPTS FULL RESPONSIBILITY FOR RIDER'S SAFETY IN THIS DECISION. TIVE HEADGEAR REFUSAL: RIDER REFUSES TO WEAR ANY TYPE OF PROTECTIVE RIDER ACCEPTS FULL RESPONSIBILITY FOR RIDER'S SAFETY IN THIS DECISION. |
| that accomp participating bring litigati Council, its | that equine activities are inherently dangerous given the nature of horses, their size and the risks any riding in nature. I expressly assume all risks associated with same. As a condition precedent to g in this event, I agree that I will not, on my behalf or on the behalf of any minor children of mine, on or claim for damages of any kind, including personal injury or death, against the Kansas Horse Board of Directors and Members or Volunteers, and/or the property owners upon whose land I after "the released Parties"), including those instances arising from the alleged negligence of the |
| "Under domest pursua animal | WARNING r Kansas law, there is no liability for an injury to or the death of a participant in tic animal activities resulting from the inherent risks of domestic animal activities, and to sections 1 through 4. You are assuming the risk of participating in this domestic activity. Inherent risks of domestic animal activities include, but shall not be limited |
| to: | (1) The propensity of a domesticated animal to behave in ways, i.e. running, bucking, biting, kicking, shying, stumbling, rearing, falling or stepping on, that may result in an injury, harm or death to persons on or around them; (2) the unpredictability of a domestic animal's reaction to such things as sounds, sudden movement and unfamiliar objects, persons, or other animals; (3) certain hazards such as surface and subsurface conditions; (4) collisions with other domestic animals or objects; and (5) the potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the domestic animal or not acting within such participant's ability." KS STAT. K.S.A. §60-4002 et. seq. (1994) |
| | |

| Registration Fees | Cost per Rider | My Fees |
|--|----------------|---------|
| FeeperriderforKHC or BCHA member | \$20 | \$ |
| Fee per rider for non-members | \$30 | \$ |
| Fee for Non-Riders | \$10 | |
| Make checks payable to Kansas Horse Council. | Total Due | \$ |
| Credit Card#: | | |
| Expiration Date: 3 digit code: | | |

We accept CASH, CHECKS, MONEY ORDERS and CREDIT CARDS. You may pay for multiple riders with one check but please complete one registration form per rider.

Mail with payment to: **Questions:** Kansas Horse Council Justine Staten, KHC 785-776-0662 8831 Quail Lane, Suite 201 Manhattan, KS 66502 director@kansashorsecouncil.com **EMERGENCY MEDICAL CARE INFORMATION** ** Complete a copy of this sheet for EACH OWNER using the premises ** In case of a medical emergency, please contact: Telephone Number(s) Name Relationship Name Relationship Telephone Number(s) Physician's Name / Phone Number: Preferred Medical Facility / Hospital: Medical Insurance Provider:

Please attach a copy of your insurance card, front and back, to this document.

Negative Coggins required for out-of-state horses.