



Join Us! KHC Region 2 Trail Ride in Onaga, KS

June 17th from 10am to 3pm

3.5-hour ride then lunch provided

Hosts: Bill & Linda Price. Trail Boss: Todd Bosswell.

“From the top of the Flint Hills, we have some of the most spectacular views of the Vermillion Valley. This is not a flat trail ride!”

REGISTRATION FORM
June 17, 2023

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 financially 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: _____ City: _____ State: _____ Zip: _____

Email: _____

If participant is under 18, Parent/Guardian Responsible: _____

PROTECTIVE HEADGEAR OFFERING: Protective headgear (i.e. equine approved safety helmet) is required for all riders aged 18 and younger. For riders over the age of 18:

PROTECTIVE HEADGEAR ACCEPTANCE: RIDER WILL WEAR PROTECTIVE HEADGEAR, WHICH RIDER WILL PROVIDE, FIT AND SECURE. SHOULD THE RIDER AT ANY TIME NOT WEAR PROTECTIVE HEADGEAR, RIDER ACCEPTS FULL RESPONSIBILITY FOR RIDER'S SAFETY IN THIS DECISION.

PROTECTIVE HEADGEAR REFUSAL: RIDER REFUSES TO WEAR ANY TYPE OF PROTECTIVE HEADGEAR RIDER ACCEPTS FULL RESPONSIBILITY FOR RIDER'S SAFETY IN THIS DECISION.

Waiver and Release:

I understand that equine activities are inherently dangerous given the nature of horses, their size and the risks that accompany riding, including but not limited to outside trails, indoor and outdoor arenas, and/or in clinics or competitions. I expressly assume all risks associated with the same. As a condition precedent to participating in this event, I agree that I will not, on my behalf or on the behalf of any minor children of mine, bring litigation or claim for damages of any kind, including personal injury or death, against the Kansas Horse Council, its Board of Directors, Members or Volunteers, Sponsors, Clinicians and/or the Premise Owners upon whose land I ride (hereinafter collectively "the Released Parties"), including those instances arising from the alleged negligence of the Released Parties.

WARNING

"Under Kansas law, there is no liability for an injury to or the death of a participant in domestic animal activities resulting from the inherent risks of domestic animal activities, pursuant to K.S.A. 60-4001 through 60-4004. You are assuming the risk of participating in this domestic animal 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)

Signature: _____

Date: _____

REGISTRATION FEES:	Cost Per Participant	My Fees
Ride Fee per person	\$35	
KHC/BCHKS Member discount	\$-10	
Non-Rider (meal)	\$12	
Total Due		\$
Snacks, Drinks & Lunch Provided		

We accept CASH, CHECKS, MONEY ORDERS and CREDIT CARDS. An electronic invoice can be sent to you for easy online payment once your registration form is received. Circle One: **Invoice Me** or **Mailing Payment**

Mail:
 Kansas Horse Council
 8831 Quail Lane, Suite 201
 Manhattan, KS 66502

Email:
 director@kansashorsecouncil.com

Questions:
 Contact Justine Staten
 Kansas Horse Council
 785-776-0662

EMERGENCY MEDICAL CARE INFORMATION

In case of a medical emergency, please contact:

 Name: Relationship Phone Number

 Name: Relationship Phone Number

 Physician's Name: Phone Number

 Preferred Medical Facility/Hospital: Phone Number

Medical Insurance Provider: _____

(Please attach a copy of your insurance card, front and back)

Proof of Negative Coggins is required for all horses. If you are hauling from outside of Missouri, you will also need a 15 d. Health Certificate (CVI).