



2021 Chief Joseph Trail Ride Application

Name: _____

Membership #: _____

Total Number of Years on Ride (including 2021): _____

FOR OFFICE USE ONLY:

Work Order: _____

Item code/amount: _____

ONE APPLICATION PER PERSON

Address _____

Phone _____ Email _____

Are you a driver on the Chief Joseph ride? If so, for whom? _____

Do you want to have your name/address/phone number published on the ride roster shared with all riders? YES NO

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**
Extra t-shirts (if any) will be available for sale at the ride for \$20 each.

Application Requirements (fees subject to change)

Ride fees do not include ApHC membership, which is required for all attendees on all the Chief Joseph Trail Ride.

- **All fees must be paid in full by the application deadline of July 10 to avoid late fees and to receive a ride t-shirt.**
- A minimum \$100 deposit (of which \$50 is non-refundable) is required to hold a place on the trail ride and must accompany a completed application form. Deposits are non-transferrable to another rider or non-rider.
- All ride participants (riders/non-riders/youth/crew) MUST submit a signed release/indemnity statement AND completed medical form by the ride deadline.
- The horse's Declaration of Fitness, signed by a veterinarian, must be presented upon check-in at the ride. Horses will not be allowed to participate without this document on file.
- Upon check-in at the ride, you must present the horse's Certificate of Registration, proof of negative Coggins (dated on or after August 1, 2020) and 30-day health certificate (dated on or after July 1, 2021). Make sure that Coggins and health papers list the horse's REGISTERED name on all documents.
- Applications received after the deadline will not receive awards, pins or t-shirts at the ride. Awards may be mailed after the ride but t-shirts will not be given to those with late applications or payments.

CHIEF JOSEPH TRAIL RIDE (CJTR) August 2 – 6 (Musselshell Meadows)

↓Amount Enclosed↓

Application (check one)

- \$610 Adult Rider*
- \$555 Youth Rider 12-18*
- \$560 Non-Rider*

*\$ _____
\$100 minimum

**Indicate on the payment line if you are paying in full or paying the \$100 minimum deposit.*

LATE FEE [\$100]: For new applications **or** final payments received after the application deadline.

\$ _____

Vehicle Fee: A \$75 deposit is required to reserve space for a private vehicle parked overnight in camp. A vehicle is a stand-alone unit or towing/trailer combination.

\$ _____

2021 MEMBERSHIP FEE (if not a 2021 ApHC Member): \$65 Individual, \$130 Family, \$15 Youth

\$ _____

TOTAL AMOUNT DUE

\$

Payment Information

Check Enclosed - **Make Checks Payable to the ApHC**

OR

Please Bill My: **VISA** **MasterCard** **Discover Card** (3% surcharge applies to c.card purchases)

Card #: _____ Exp. Date: _____ CVV#: _____

Name on card (please print): _____ Cardholder's Signature: _____

Horse Information

ApHC Registered Horses are eligible to receive awards for the number of years (both consecutive and non-consecutive) of participation on the CJTR. Horses must be 4 years of age (by birth date) or older as of the date of the ride in order to be ridden on the ride.

Horse's Registered Name: _____ ApHC Reg. # _____

I believe my horse is eligible for a medallion as a result of being ridden on the CJTR for 10 *consecutive* years including the 2021 ride.

I believe my horse is eligible for a 13-year plaque as a result of being ridden on the CJTR for 13 years total including the 2021 ride.

In 2021, an option is available for participants to ride an unregistered Appaloosa mare on the CJTR. Please see the ApHC web site Chief Joseph Trail Ride page for instructions, application and pricing at www.appaloosa.com/chief-joseph-trail-ride.

Ride Cancellation/Refund Policy

A written notice of cancellation must be received by the ApHC office by the dates below in order to receive the refund described below.

"Ride date" is the first scheduled day of the ride. Should ApHC cancel the ride, all fees will be refunded in full.

- At least 30 days prior to ride date: refund of amount paid less **\$50** (the non-refundable deposit). If rec'd by **July 3**.
- 29 to 7 days prior to ride date: refund of amount paid less **\$100** (\$50 deposit + \$50 surcharge). If rec'd **July 4 – 26**.
- 6 days prior to ride date: No refund given. **If rec'd on or after July 27**.

Trail Ride Release/Indemnity Statement

I understand that the ApHC may prohibit attendance by anyone who does not recognize and abide by ApHC 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 and ApHC membership fees paid and will, under no circumstance, receive a refund. Suspension from the ApHC and its events will be enforced. 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 conducted by the ApHC I for myself, my spouse, legal representatives and assigns (thereby participants) hereby release the ApHC, its directors, officers, employees, agents, contractors, sponsors, government entities, 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 ApHC or other participant persons while I am exhibiting, riding or otherwise involved in this indicated trail ride and do further agree for myself and my spouse, heirs, and legal representatives and assigns to indemnify those "released" 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 acknowledge that the Ride Veterinarian has full authority to prohibit my horse from participating on the ride for medical reasons.

Further, as a participant on the Appaloosa Horse Club sponsored Chief Joseph Trail Ride, I agree to adhere to any and all rules and regulations of the ride.

(Children under the age of 12 are not allowed to attend the CJTR due to insurance limitations. Youth aged 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 to:

Trail & Distance Coordinator

2720 W. Pullman Road, Moscow, ID 83843

Phone: 208-882-5578 ext 264 ** email: trailrides@appaloosa.com ** FAX 208-882-8150

Participant Name: _____ Membership #: _____



**MEDICAL INFORMATION PERMISSION TO TREAT
ApHC Trail Rides**

This information is strictly confidential.
It is provided to the Ride Physician and is used only in case of emergency.

The Ride Physician has full authority to prohibit an applicant from participating in any ApHC ride if participant is deemed unfit for medical reasons and/or is disabled by certain physical impairments.

(Please print clearly. Thank you!)

Your Age _____ Sex: M or F (circle one)

Will you be attending by yourself? Yes No*

*If No, with whom will you be attending? _____

Please list any medical conditions: _____

Please list any allergies or allergic reactions you may have to medications: _____

Please list any medications you are currently taking: _____

In case of emergency, please contact: (Name, relationship, and phone number)

Name relationship phone

Name relationship phone

If you have any special needs or concerns, please discuss those directly with the ride physician.

PERMISSION TO TREAT

In the Event of medical necessity, it is my desire that the Ride Physician initiate any medical treatment he or she deems necessary for my well-being. I accept full responsibility for all medical and health care rendered in response to this letter of Permission to Treat. I will not hold the ApHC or the Ride Physician, his/her heirs, heirs of his/her estate or assigns liable for any treatment rendered. Furthermore, in the event I refuse treatment offered, I agree to assume all risks and hold harmless the ApHC and Ride Physician for any consequences and liability that may result from said refusal.

Participant Signature (Required): _____

If participant is under age 18, **Signature of parent or guardian:** _____



**Chief Joseph Trail Ride
Declaration of Equine Fitness**

This certificate must be completed within thirty (30) days prior to the ride and submitted at the ride upon check-in.

Owner Information

Name	Membership #
Email Address	Phone number

Rider Information

Name	Membership #
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Horse's Name and Registration Number: _____

Horses participating on the Chief Joseph Trail Ride will be ridden at a walk for up to one-hundred or more miles over a period of five consecutive days. Historically, the temperatures can soar to over 100 degrees during the day and plummet to 30 degrees in the evenings depending upon the ride location in any given year. Terrain varies from crossing plateaus and rolling hills to climbing mountains and canyons.

In my opinion the horse listed above is fit and capable of being ridden on the Chief Joseph Trail Ride this year. I understand and agree that after arrival at the ride or during the ride, if the horse is determined to be unfit to continue for any reason by a committee consisting of the ride veterinarian and the chief scout, the horse will not be allowed to continue. I assume no liability for having evaluated the condition and preparedness of the above-named horse to participate on the ride.

Veterinarian Name (please print): _____

Veterinarian Signature: _____ Date: _____