

2023 **Chief Joseph Trail Ride Application**

Name:	_
Membership #:	_
Total Number of Years on Ride (including 2023):	_
I am a new* attendee, I was invited by:	
* "New" refers to a rider or non-rider who has not been on the ride in the past 5 years (2018-2022)	
FOR OFFICE USE ONLY:	
Work Order:	
Item code/amount:	

ONE ADDITION DEP DEPSON

ONE APPLICATION PER PERSON	
Address	
PhoneEmail	
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 rice	ders? ☐ YES ☐ NO
T-Shirt Size Each person will receive a T-shirt if application and fees are received by deadline. Adult Sizes (circle one) : S M	L XL 2XL 3XL
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 June 16 to avoid late fees and to	receive a ride t-shirt.
 A minimum \$150 deposit (of which \$75 is non-refundable) is required to hold a place on the trail ride a completed application form. The non-refundable portion of the deposits are non-transferable to anothe 	
• All ride participants (riders/non-riders/youth/crew) MUST submit a signed release/indemnity statement form by the ride deadline.	AND completed medical
 The horse's Declaration of Fitness, signed by a veterinarian, must be presented upon check-in at the ri allowed to participate without this document on file. 	de. Horses will not be
 Upon check-in at the ride, you must present the horse's Certificate of Registration, proof of negative C July 30, 2022) and 30-day health certificate (dated on or after June 30, 2023). Make sure that Coggins the horse's REGISTERED name on all documents. All horses, regardless of State of origin, must he 	and health papers list
 Applications received after the deadline will not receive awards, pins or t-shirts at the ride. Awards may but t-shirts will not be available to those with late applications or payments. 	be mailed after the ride
CHIEF JOSEPH TRAIL RIDE (CJTR) July 30 - Aug 5 (Lolo Pass)	↓Amount Enclosed ↓
Application (checkone)	*\$
□ \$735 Adult Rider** □ \$675 Youth Rider 12-18**	\$150 minimum
□ \$685 Non-Rider**	
*Indicate on the payment line if you are paying in full or paying the \$150 minimum deposit. *Price includes a \$100/person surcharge for food/fuel/hay	
LATE FEE [\$150]: Required for applications or balance due payments received after application deadline.	\$
Vehicle Fee: A \$55 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.	\$
2023 MEMBERSHIP FEE (if not a 2023 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: □ VIS	SA □MasterC	Card □Discover C	Card □American Express (3% su	rcharge applies to c.card purchases)
Card #:			Exp. Date:	CVV#:
Name on card (please	e print):		Cardholder's Sig	jnature:
Horse Informa	ation			
			he number of years (both consecutive a or older as of the date of the ride in or	
Horse's Registered Na	ame:		ApHC Re	eg. #
☐ I believe my horse	is eligible for a me	edallion as a result of	f being ridden on the CJTR for 10 conse	ecutive years including the 2023 ride.
☐ I believe my horse	is eligible for a 13	3-year plaque as a re	sult of being ridden on the CJTR for 13	years total including the 2023 ride.
			registered Appaloosa mare on the CJTF ing at www.appaloosa.com/chief-joseph	
in order to receive th ApHC will reta ApHC will reta	e refund described ain the non-refund ain \$150 and refun	d below. Should ApH0 lable deposit of \$75 a	notice of cancellation must be received C cancel the ride, all fees will be refundand refund the remaining amount if carount if cancellation is received by July 1 or after July 20.	ed in full. ncellation is received by June 30.
Trail Ride Rele	ase/Indemr	nity Statemen	t	
I understand that the ordinances set forth action. Any person of Handbook of Safety I refund. Suspension from and assigns agree the trail ride with full known assigns agree the death from my particifor myself, my spouremployees, agents, cotrail ride, from all liating including injury result other participant persons as the consultation of the participant persons as the participan	e ApHC may prohiby federal, state, r persons who are information and Rifter and the ApHC and at I am aware the owledge of the material properties on the ride see, legal representing in my death, sons while I am exited the Ride Physiciane Ride Veterinariant on the Appaloos	nibit attendance by a county or city gove e prohibited by the A ules, will forfeit all rid d its events will be at participation in surany risks and danger e. In consideration of entatives and assign fors, government entitie in this trail ride of whether caused by chibiting, riding or other trails and assigns the has full authority and has full authority the probability of the country of the probability of th	anyone who does not recognize and a rinment agencies. Failure to comply may help from participating on an ApHC trade and ApHC membership fees paid and enforced. I do hereby for myself, my such trail ride is a hazardous activity, and involved in such trail ride and agree of being permitted to participate in the is (thereby participants) hereby releases, trail and camp-site land owners, and account of damage to my property the negligence of the ApHC, any goven herwise involved in this indicated trail ride in the indicated trail ride in prohibit attendance by anyone to prohibit my horse from participating of ored Chief Joseph Trail Ride, I agree to a suppose the property of the participating of the prohibit my horse from participating of the prohibit my horse fro	ay result in disciplinary and/or crimina ail ride, for reasons stated in the ApHG d will, under no circumstance, receive a spouse, heirs, and legal representatives and I am voluntarily participating in thi to accept any and all risks of injury o indicated ride conducted by the ApHC ase the ApHC, its directors, officers and those persons leasing horses for this or injury or damage suffered by meanment entity or private land owner or ide and do further agree for myself and any and all such claims and damages. deemed unfit for medical reasons. on the ride for medical reasons.
(Children under the ac	e of 12 are not allov	wed to attend the CJ	TR due to insurance limitations. Youth a	ged 12—17 must be accompanied by a

Return this application to:

parentor guardian).

Participant Signature (Required):

Signature of parent or guardian if participant is under age 18:___

Trail & Distance Coordinator 2720 W. Pullman Road, Moscow, ID 83843

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

2/13/2023 AA

Participant Name:	Membership #:	



MEDICAL INFORMATION PERMISSION TO TREAT ApHC Trail Rides



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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. Suggestion: Have your veterinarian sign this form when he/she does your 30-day health certificate for the ride.

Owner Information	
Name	Membership #
Email Address	Phone number
Rider Information	
Name	Membership #
Horse's Name and Registration Number:	
period of five consecutive days. Historically, the tempe	be ridden at a walk for up to one-hundred or more miles over a cratures can soar to over 100 degrees during the day and plummet to cation in any given year. Terrain varies from crossing plateaus and
and agree that after arrival at the ride or during the rid by a committee consisting of the ride veterinarian and	of being ridden on the Chief Joseph Trail Ride this year. I understand the, if the horse is determined to be unfit to continue for any reason the chief scout, the horse will not be allowed to continue. I assume paredness of the above-named horse to participate on the ride.
Veterinarian Name (please print):	
Veterinarian Signature	Date:

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