

2015 FLINT HILLS TRAIL RIDE --- Registration Form

Presented by: **Kansas Horse Council** **Oct. 16-18, 2015** **Northern Pottawatomie Co.**

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 75 registrations will be accepted on a first come first served basis.

Rider Name: _____ Phone # : _____

Address: _____

E-mail: _____ If under 18, name of adult rider: _____

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

[] **PROTECTIVE HEADGEAR REFUSAL:** OWNER REFUSES TO WEAR ANY TYPE OF PROTECTIVE HEADGEAR OWNER ACCEPTS FULL RESPONSIBILITY FOR OWNER'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 in nature. I expressly assume all risks associated with 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 and Members or Volunteers, and/or the property owners upon whose land I ride (hereinafter "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 sections 1 through 4. 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 Rider	My Fees
Fee per rider for Kansas Horse Council members	\$ 30.00	\$
Fee per rider for non- Council members	\$ 40.00	\$
Non- Riding Guest or kids 12 & under	\$ 15.00	\$
<i>Make checks payable to Kansas Horse Council.</i>	<i>Total Due</i>	<i>\$</i>
<i>Credit Card #:</i>		
<i>Expiration Date:</i>	<i>3 digit code:</i>	

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:

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

Questions:

Pattie Stalder, KHC
785-776-0662
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:

Name	Relationship	Telephone Number(s)
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Name	Relationship	Telephone Number(s)
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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.