



# 2024 SHELLOWEE TRAIL RIDE APPLICATION



Your Name (only 1 rider per form): \_\_\_\_\_

Name Preferred (if different than name above): \_\_\_\_\_

Address: \_\_\_\_\_  
(Please include city, state and zip code)

Phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Meals: I will eat catered: Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Supper \_\_\_\_\_

T-Shirts: Each person will receive a ride T-shirt if application is received by the deadline.

Style: Unisex \_\_\_\_ *or* Ladies V-neck (\$5 up charge) \_\_\_\_ Adult Sizes (Circle one): **S M L XL 2XL 3XL**

How did you hear about this ride? ApHC website \_\_\_\_ Facebook \_\_\_\_ Sheltonwee website \_\_\_\_ Friend \_\_\_\_ Return Rider \_\_\_\_

Total number of years you have participated on this ride, **including this year**: \_\_\_\_\_

Are you riding an Appaloosa? Y \_\_\_\_ N \_\_\_\_ Is it registered with the ApHC? Y \_\_\_\_ N \_\_\_\_

NOTE: Horses must be **4 years old**, by foal date, at the time of the ride to participate.

**Rental horses are available** but must be reserved **prior** to the ride. Contact Greg Evans @ 575-743-1602

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**Ride Dates: September 29 - October 5, 2024 Location: Mammoth Cave Horse Camp, Mammoth Cave, KY**

**Entry Fee: \$425 per person      Deadline: July 15, 2024      After July 15<sup>th</sup> add \$50 late fee**

**\$425 (includes camp site, meals, 1 stall & entertainment)      \$ \_\_\_\_\_**

**\$5 Up-charge for V-neck t-shirt      \$ \_\_\_\_\_**

**\$475 (if postmarked after July 15<sup>th</sup> – NO EXCEPTIONS)      \$ \_\_\_\_\_**

**Late entries may not get a ride shirt if orders have already been placed**

**PAYMENT ENCLOSED      \$ \_\_\_\_\_**

**\*\*\* MAKE CHECKS PAYABLE TO: SHELLOWEE TRAIL RIDE \*\*\***

**Cancellation and Rollover Policy:**

Request for cancellation or rollover must be **received** by Patience Reagan or the Ride Manager *as follows* to receive the refund/credit described below. "Ride date" is the first scheduled day of the event (Sunday). Rollovers will only be approved for 1 year—the year following the original application year—after which fees are forfeited.

- \* 30 days or more prior to ride date: refund/rollover of amount paid less \$50 (non-refundable deposit).
- \* 29 to 15 days prior to ride date: refund/rollover of amount paid less \$100 (\$50 deposit + \$50 surcharge)
- \* 14 days or less prior to ride date: NO REFUNDS OR ROLLOVERS (full ride fee forfeited)

**(OVER)**

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## TRAIL RIDE RELEASE/INDEMNITY STATEMENT

I understand that the Sheltoewe Trail Ride managers may prohibit attendance by anyone who does not recognize and abide by camp 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 fees paid and will, under no circumstance, receive a refund. 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(s) conducted by the Sheltoewe Trail Ride managers for myself, my spouse, legal representatives and assigns (thereby participants) hereby release the ApHC, contractors, sponsors, 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 ride managers or other participant persons while I am exhibiting, riding or otherwise involved in this indicated trail ride and do further agree for myself and other participants to indemnify the released persons 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 agree to allow the managers and staff of the Sheltoewe Trail Ride to use any photo or video taken of me and/or my horse/mule for the purpose of advertising, social media and/or articles about the ride.

I will be participating on an Appaloosa Horse Club approved trail ride. I agree to adhere to all rules and regulations of the ApHC or the Sheltoewe Trail Ride.

Participant Name (please print): \_\_\_\_\_ Adult or Youth (age): \_\_\_\_\_  
(Children under the age of 10 are not allowed to attend rides due to insurance limitations.  
Youth age 10 - 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, medical form and payment to:**

**PATIENCE REAGAN  
4 HOWE TERRACE  
WELLSVILLE, NY 14895**

**Cell Phone: 585-610-9343**

**e-mail: [patience@verizon.net](mailto:patience@verizon.net)**

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## DESTINATION ADDRESS FOR YOUR HEALTH PAPERS

Mammoth Cave Horse Camp  
2578 Ollie Road  
Mammoth Cave, KY 42259  
888-682-3958

**NOTE:** If you plan to arrive at Mammoth Cave Horse Camp before the ride start date (Sunday, 29 September) book your site and stalls on-line at [www.mammothcavehorsecamp.com](http://www.mammothcavehorsecamp.com) or by calling their office. Be aware that camp sites will be determined by the Sheltoewe camp crew and that booking in advance does not guarantee you a specific site or specific stalls.