

2026 SHELTOOEE TRAIL RIDE APPLICATION

TRAIL RIDE RELEASE/INDEMNITY STATEMENT

I understand that the Sheltowee 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 Sheltowee 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 Sheltowee 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 Sheltowee Trail Ride.

Participant Name (please print): _____ Adult or Minor (age): _____
(Children under the age of 10 are not allowed to ride with the Sheltowee group ride due to insurance limitations. Anyone under the age of 17 must be accompanied by a parent or guardian).

Participant Signature (Required): _____

Signature of Parent or guardian--if participant is under age 18: _____

Make checks payable to Sheltowee Trail Ride. Mail 1) application, 2) medical form and 3) payment to Sheltowee Trail Ride, c/o Patience Reagan at one of the following addresses. A spot on the ride will not be reserved until all three items listed are received.

January 1 – April 18
10500 COQUINA CT
PLACIDA, FL 33946

After April 18
4 HOWE TERRACE
WELLSVILLE, NY 14895

Cell Phone: 585-610-9343

e-mail: patience@verizon.net

DESTINATION ADDRESS FOR YOUR HEALTH PAPERS

East Fork Stables and Campground
3598 South York Hwy
Jamestown, TN 38556
931-879-1176

NOTE: For individuals arriving at East Fork Stables before the ride start date (Sunday, Sep 27th), please contact the camp directly to make reservations. We ask you not to arrive before 3:00 pm on Friday, when the Sheltowee crew is in place to manage parking, but if you must arrive earlier, please understand and cooperate with the crew if they need to relocate you and/or your animals to meet camp needs.