

SOLD OUT!!! Applications received after May 13, 2005 will be put on a reserve list if and when cancellations occur. You will not be charged unless a position opens up and you accept.

**2005 AHA Arabian Trail Ride at Fort Robinson State Park
Registration Form**

Name: _____ AHA Membership Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Alternative Phone: _____ E-mail: _____

___ I will be participating as a **rider** (one stall will be available for your horse—all horses must be in stalls, no exceptions)

___ I will be participating as a **non-rider**

Preferences

Although we cannot guarantee accommodating all preferences, we will do our best to ensure your comfort in these areas:

Housing

I would like to room with: (Note: Each guest must submit an individual registration form)

Guest #1: _____	(please circle)	spouse	friend	child	other
Guest #2: _____	(please circle)	spouse	friend	child	other
Guest #3: _____	(please circle)	spouse	friend	child	other
Guest #4: _____	(please circle)	spouse	friend	child	other

Stabling

I would like my horses to be stabled near: **(one stall will be available for your horse—all horses must be in stalls, no exceptions)**

Guest #1: _____

Guest #2: _____

Guest #3: _____

Guest #4: _____

Payment Information

<u>Participant name(s)</u>	<u>AHA Mem#</u>	<u>Rate</u>	<u>Bringing a horse?</u>
(self) _____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Total			\$ _____

**Cost: (riders & non-riders)
\$295 AHA Member rate
\$350 Non-Member rate**

I understand the following:

- \$65 deposit or full payment due with registration form
- Remaining balance due by August 1st
- Cancellations due by August 1st
- No refunds after August 1st

Reservations are accepted on a first-come, first-service basis. Space is limited to the first 100 participants!!

Check or money order enclosed, or charge my MasterCard or Visa. If paying by credit card, please complete the following:
Payment Processing Policy: In the event that your check or credit card is returned for insufficient funds or unable to be processed, you may forfeit your application.

Card No.: _____ Exp. Date: _____

Name of Cardholder: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime Phone: _____ E-mail: _____

Signature: _____

***Please mail or fax with your payment to:**

AHA, Attn: Trail Ride, 10805 E. Bethany Dr., Aurora, CO 80014 – Fax: 303-696-4599



2005 Arabian Horse Association Trail Ride

Fort Robinson State Park
Crawford, Nebraska

Release of Liability Agreement

I have read the published Ride Rules for the AHA (Arabian Horse Association) sponsored trail ride and related activities at Fort Robinson State Park, September 28 through October 1, 2005, and agree to abide by them. I understand that AHA or Fort Robinson State Park staff may ban attendance by anyone who does not recognize and abide by the AHA Trail Ride or Fort Robinson State Park rules. Any person asked to leave the ride and or park facility for failure to comply with the rules will forfeit all ride fees 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 and related activities are or can be hazardous activities, and I am voluntarily participating in this trail ride and related activities with full knowledge of the many risks and dangers involved. In consideration of being permitted to participate in the indicated trail ride and related activities during the period specified above and conducted by AHA and Fort Robinson State Park, I, for myself, my spouse, legal representatives and assigns (thereby participants) hereby release the AHA and Fort Robinson State Park, their directors, officers, employees, agents, contractors and sponsors from all liability for my participation 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 AHA or Fort Robinson State Park staff, amenities or other participant persons while I am exhibiting, riding, hiking, swimming or otherwise involved in any activity at this event, and do further agree for myself and other participants to indemnify the released persons from any and all such claims and damages.

*Check one:

I will be participating as a **rider**

I will be participating as a **non-rider**

at the 2005 AHA Trail Ride at Fort Robinson State Park.

_____ If minor, please indicate age: _____
Printed Name

Signature of Participant or Parent/Legal Guardian (if participant is 18 years old or younger)

Date

Please submit one Release of Liability Agreement for each participant (riders & non-riders)

***Please mail or fax the Registration Form and Release of Liability Agreement to:**

Arabian Horse Association
Attention: Trail Ride
10805 E. Bethany Drive
Aurora, CO 80014
Fax: 303-696-4599