NATIONAL TRAIL RIDE APPLICATION AND LIABILITY RELEASE FORM FOR INDIVIDUALS RIDING THEIR OWN ANIMALS ON NON-OWNED PREMISES

This form must be completed by and for each participant Missouri Fox Trotting Horse Breed Association, hereinafter known as "The MFTHBA" Ava, Missouri PLEASE READ CAREFULLY BEFORE SIGNING

SERIOUS INJURY MAY RESULT FROM YOUR PARTICIPATION IN THIS ACTIVITY. The MFTHBA DOES NOT GUARANTEE YOUR SAFETY OR THAT OF YOUR HORSE.

DATE

IT IS HEREBY AGREED TO AS FOLLOWS: THAT

SIGNATURE OF RIDER

(SPOUSES MUST SIGN FOR THEMSELVES!)

SIGNATURE OF PARENT OR GUARDIAN (consent for minor)

A. REGISTRATION OF RIDERS AND AGREEMENT PURPOSE The following listed individual hereinafter known as the "RIDER" and the parents or legal guardians thereof if a minor, do hereby voluntarily request and agree to participate in horseback riding on an MFTHBA National Trail Ride.

RIDER NAME (PLEASE PRINT)	AGE (If under 21)
B. AGREEMENT SCOPE AND TERRITORY and the parents or legal guardians thereof if a minor, my heirs, estat representatives; and it shall be interpreted according to the laws of dispute by the RIDER shall be litigated in and venue shall be the co "HORSE" herein shall refer to all equine species. The term "HORS otherwise handling of horses, ponies, mules, or donkey, whether from a person who rides a horse mounted or otherwise handles or comes herein refer to the above registered rider and the parents or legal guent carried to the above registered rider and the parents or legal guent carried to the above registered rider and the parents or legal guent carried to the above registered rider and the parents or legal guent carried to the above registered rider and the parents or legal guent carried to the above registered rider and the parents or legal guent carried to the above registered rider and the parents or legal guent carried to the above registered rider and the parents or legal guent carried to the above registered rider and the parents or legal guent carried to the above registered rider and the parents or legal guent carried to the above registered rider and the parents or legal guent carried to the parents of people relative to injuries that result in a stay at US resulting in more lasting residual effects than injuries in other activ. D. NATURE OF RIDING HORSES No horse is a completely saft to control and become one unit of movement with another musunderstanding of the other. If a horse if frightened or provoked it methods that in injury to the rider. Horseback riding/horse driving is the tries to control and become one unit of movement with another musunderstanding of the other. If a horse if frightened or provoked it methods and	shall be legally binding upon me the registered RIDER, te, assigns, including all minor children, and personal the state and county of "The MFTHBA's" physical location. Any bunty in which The MFTHBA is physically located. The term EBACK RIDING" or "RIDING" herein shall refer to riding or om the ground or mounted. The term "RIDER" shall herein refer to near a horse from the ground. The terms "I", "me", "my" shall ardians thereof if a minor. assified as RUGGED ADVENTURE RECREATIONAL SPORT inherent risks always present in such activity despite all safety precautions. The series of United States Consumer Products) horse activities rank 64th among hospitals. Related injuries can be severe requiring more hospital days and ities. The horse. Horses are 5 to 15 times larger, 20 to 40 times more powerful, and all it will generally be at a distance from 3 1/2 to 5 1/2 feet, and the impact are only sport where on much smaller, weaker predator animal, the human, ch larger, stronger prey animal, the horse, with each having a limited that dividing the from its training and act according to its natural survival instincts and dividing the reins the RIDER is in primary control of the horse. The RIDER's ard the moving animals. The RIDER shall be responsible for his/her own the for total or partial acts, occurrences, or elements of nature way. SOME EXAMPLES ARE: Thunder, lightning, rain, wind, fly near, bite and/or sting a horse or person; and irregular footing hange in condition according to weather, temperature, natural and texpenses. Should medical treatment be required, I and/or my texpenses. Should medical treatment be required, I and/or my texpenses. Should my actions or that of my horse cause injury or damage of
All Riders and Parents or Legal Guardians must complete the i	nformation below after reading this entire document:
Rider Name (print)	DATEMember Number
Horse Reg. Name	
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