

Registration Form and Waiver

Each rider **must** complete and turn in this signed registration form and waiver before starting the ride.

Please copy this form and complete it for each participant in your family or group. Please print clearly.

*Coggins papers will be checked prior to horses being unloaded and there will be a vet check upon arrival.

Name of Participant _____

Address _____

City _____ State _____ Zip _____

Telephone (_____) _____

Is participant under 18 years old? ___ No ___ Yes

Emergency Contact _____ Relationship _____

Telephone (_____) _____

Participant Medical Alert ___ No ___ Yes

If yes, please explain _____

My "On the Trail to a Cure" History ___ 1st year ___ 2nd year ___ 3+ years with the Trail Ride

I am competing for the Oldest Rider Award. My birthdate is _____

I am competing for the Youngest Rider Award. My birthdate is _____

My Riding Club is participating. Club Name _____

___ Enclosed is my registration fee of \$55, paid and sent by September 1, 2007, which includes three meals.

***Reservations for meals will not be accepted after September 1st.**

___ Enclosed is my registration fee of \$45, paid and sent by September 1, 2007 - no meals.

___ If you are registering 5 or more riders, take advantage of the special group discount – deduct \$5 per rider.

TOTAL ENCLOSED: \$ _____

Make checks payable to the American Cancer Society (\$20 service fee on all returned checks)

Visa, MasterCard, and American Express Cards accepted:

___ Please bill my ___ Visa ___ AmEx ___ MC ___ Disc

My card # _____ Exp. Date _____

Mail completed registration form and signed waiver with your check to:

On the Trail to a Cure 2007 Trail Ride

American Cancer Society

1315 S.W. Arrowhead Road

Topeka, KS 66604

Waiver:

I have read and agree to comply with all courtesy and safety rules of this event as set forth by the volunteer organizing committee, and so indicated by my signature below. In consideration of my signing this statement, I hereby, for heirs, administrators, and myself assume any and all risks which might be associated with this ride. I waive and release any and all rights and claims for damages which I may have against the organizers and any others connected with this event, their representatives; Foote Ranch, American Cancer Society, successors, and assigns for any and all injuries or damages of any kind whatsoever suffered by me as a result of taking part in the "On the Trail to a Cure" Trail Ride and related activities.

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

To be completed by Trail Ride Staff at registration:

___ Coggins Test Verified

___ Veterinary Check OK

(OVER)

Trail Ride T-Shirt Order Form

Name of Participant _____
Address _____
City _____ State _____ Zip _____
Telephone (_____) _____

Trail Ride T-Shirts \$10 each
Sweatshirts \$20 each

Tank Tops \$10 each

Long-Sleeved T-Shirts \$15 each

Sizes available: Youth Large, Adult Small, Adult Medium, Adult Large, Adult X-Large, and Adult XX-Large

Please list the type of shirt(s) and size(s) for each below, with the corresponding price for each:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	Total \$ _____

Enclosed find my check for \$_____ made payable to the American Cancer Society. Please return this form and payment with your registration form.

All T-Shirts must be pre-ordered by September 1, 2007.