



2024 Youth Horse Challenge Application Form

DEADLINE: November 15, 2023 Completed application must be reserved on or before the deadline.

APPLICANT/PARTICIPANT ELIGIBILITY REQUIREMENTS:

* Applicant must be a current ARHA member in good standing before January 1, 2023 and had been a current member for the past two (2) years.

* Applicant cannot turn 19 before January 1 of the program year.

* \$100 Entry Fee

1. Personal Information:

ARHYA Members Name: _____ ARHA Membership #: _____

Date Of Birth: _____

Address: _____

Parents /Guardian Name: _____

Address: _____

Phone: _____ Cell: _____

Email: _____ Youth members Email: _____

Are you a member of a State ARHA Charter: _____ Yes _____ No Charter Name: _____

2. Biography

Use this space below to tell is about yourself: (school, hobbies, goals, etc): _____

3. Family Involvement:

What type of support and involvement would you expect from your parents, guardian, and/or family will you have to ensure that this would be a successful experience ? _____

4. Horsemanship

of years of horse experience: _____ Have you ever started a young horse: _____ Yes _____ No

If you have, please briefly describe your role and process: _____

Tell us your training philosophy about starting young horse:

How many horses do you/your family currently own or lease? _____

Describe your riding and training experience:

5. Essay

On a separate piece of paper neatly write an essay on "What Winning a Ranch Horse Means To You" .

6. Letter of Recommendation

Each applicant will submit a total of two letters of recommendation. These letters of Recommendation must be from individuals not related to the applicant and included with the application.

7. Facility Form

The accompanying Facility Form must be filled out before the application is considered complete.

8. Liability Release If selected, I understand and agree that the Participant and the Participants Parents/Guardian may be required to sign and return an Assumption of Risk/Release of Liability and Indemnify Agreement and any other documents required by ARHA, within 15 calendar days of notification of selection. The Participant and Participants Parent/Guardian certify that he Participant has the ability to properly care for this horse and will providing such horse with adequate nutrition, housing and training.

9. Signatures

Participants Signature: _____ Parent/Guardian Signature: _____ Date: _____

Facility Information

ARHA Member Name: _____ M'Ship #: _____

Daytime Phone Number: _____ Email: _____

Parent/Guardian Name: _____

Parent/Guardian Driver's License #: _____ State: _____

1. Describe your existing facility and feed program:

A) Pasture or Pen

Dimension: Length: _____ Width: _____ Height of Fencing: _____

Gate Height: _____ Gate Width: _____

Material used on and in shelter: _____

Is shelter attached to the pasture or pen, describe above? _____ YES _____ NO

If its not attached, how is it accessible? _____

What other horses will share this space (if any)? _____

B. Shelter

Maximum Height: _____ Minimum Height: _____

Gate Height: _____ Gate Width: _____

Materials: used on and in the shelter: _____

Is the shelter attached to pasture or pen, describe above? _____ Yes _____

No If not attached, how is it accessible? _____

What other horses will share this space? _____

C. Feed

Type of hay or pasture: _____ Amount per day (lbs): _____

Supplement Feed? _____ Amount per day (lbs): _____

Describe your feeding plan: _____

D. Access to Water

Will you use a tank, buckets, natural source or all options? _____

Source of water (city, well, or natural source): _____

How often will water be checked? _____

2. Facility Map

Include a drawing or map showing the location and general layout of the facility where the horse will be kept.

This can be a drawing or overhead photo (example: google maps).

ARHA YOUTH HORSE CHALLENGE ASSUMPTION OF RISK, RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

As a condition of participation in the ARHA Youth challenge Program, and in consideration of being allowed to participate, the Participant and the Parent/Guardian of the Participant do hereby:

1. Certify the Participant agrees to abide by the ARHA rules and specific rules governing this Program:
2. Agree and represent that the Participant understands the nature of the participation associated with the Program including but not limited to the care, feeding, housing and training of a horse and that the Participant is qualified, in good health, and proper physical condition to participate in the activities of this program.
3. Fully understand that the activities include, but not limited to, "INHERENT RISK OF EQUINE ACTIVITIES" that may result in property damage and bodily injury, including, but not limited to, permanent disability, paralysis, and death (collectively "RIKS"); and that such RISKS may be caused by Participants own action or inaction of others participating in this activities, the condition of the premises at which such Activities take place and/or the negligence of the "Releases" named below;
4. Understand and Agree that "inherent risk of equine activities" means danger or conditions that are an integral part of equine activities, including, but not limited to, any of the following: (a) the propensity of an equine to behave in ways that may result in injury, death, or loss to persons or around the equine; (b) the unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals; (c) hazards; including but not limited to, surface or subsurface conditions; (d) a collision with another equine, another animal, a person, or an object; and (e) the potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other persons, including but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant;
5. Fully accept and assume all such risks and all responsibility for losses, costs, and damages participant incurs as a result of Participant's participation in this Activities;
6. Warrant and represent that Participant has the ability to properly care for a horse by providing adequate nutrition, housing and training. If Participant is not able to meet all the requirements of a horse or Participant circumstance change, Participant agrees that he/she will immediately contact the ARHA Office or ARHYA Committee contact to receive and seek help and advice to meet the needs of the horse.
7. Warrant and Represent that Participant adequately qualified and experience to both (a) safely care for, handle and ride a horse in a manner to protect Participant and other third parties, and (b) participate with groups of riders and horses, such as to take adequate defensive action to avoid injury from third party participants and horses. Furthermore, Participants understand that it is Participant's responsibility to ascertain the adequacy of Participant's training and experience, the adequacy and training of Participant's horse, and for Participants to conduct himself/herself in a manner as to make the Activities safe;
8. Hereby release, discharge and covenant not to sue ARHA, ARHYA Committee, Corporate Partners and/or the Third party that provided the horse to the Participants or their respective Administrators, Directors, Agents, Offices, Members, Volunteers and Employees (each considered one of the "Releasees") from all liability, claims, demands, losses, or damages whenever or however arising as to injury, death, and/or property damage occurring as a result of Participants participation on this Activities or caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.
9. Agree to indemnify, hold harmless and defend RELEASEES from any and all liability, whenever or however arising, from all third party claims, demands, causes of action, suits, judgements, liabilities, cost and expenses of any nature arising out of (a) Participant's negligent act(s) or omissions during or related in anyway to the Activities, and/or (b) Participant's willful act(s) or omission(s) during or related in anyway to the Activities; and/or (c) any misinformation or misrepresentation made by Participant in this Agreement. Participant agrees to pay any of RELEASEES cost, expenses and reasonable attorney fees incurred, arising directly or indirectly out of or with respect to any third party claims or associated with the enforcement of the indemnity obligations referenced above.
10. Agree that ARHA, without further consideration, may use any photograph, video or other form of likeness reproductions of Participant as well as Participant's name and address (city/state only) to promote this program, ARHA objectives and ARHA activities, including but not limited to use by third parties with ARHA authorization.
11. Agree that this Assumption of Risk/Release of Liability/Indemnity Agreement (a) shall bind me, my family, my heirs, legal representatives, successors and assigns; (b) shall be governed by the State of Kentucky; and © shall be subject to the exclusive jurisdiction of the state and federal courts located in Pulaski County, Kentucky.
12. Agree that I have read this agreement, fully understand its terms, understand that I am giving up substantial rights by signing it and have signed it freely and without inducement or assurance of any nature and intend ot to be complete and unconditional release of all liability to the greatest notwithstanding; shall continue in full force and effect as though such provision had not been contained herein.
13. Should I win a foal in the Youth Ranch Horse Challenge I understand that I must participate at the World Championship Show in the 2 classes required. A free stall will be provided but I agree to pay the said entry fees. Should I not attend I will forfeit the foal to ARHA Youth Committee.

Participant's (Youth's) Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

DEADLINE TO SUBMIT APPLICATION, ESSAY AND FEE IS ON OR BEFORE NOVEMBER 15, 2023

ARHA YOUTH CHALLENGE

Please mail your application, essay and fee to:

ARHA Youth Committee P.O. Box 186, Nancy, KY 42544 • (606) 271-2963 • arhacontact@aol.com

Questions?? Contact: Colleen Martin (352) 303-4325 or Barb DeWell Phone/Text: (219)789-0255