

Kentucky Horse Park Mustang Troop Enrollment/Registration Form

2026

Participant Information

Participant Name: _____ DOB (M/DD/YYYY): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Shirt Size (adult sizes): _____ Height: _____ Weight:(max riding weight 180lbs) _____ Age: _____

Shoe Size: _____ Pant Size: _____ Preferred Pronouns: _____ Preferred Name: _____

Attending School and Grade for '27-'28: _____

Parent/Guardian/Caregiver Information

Name (s): _____

Relation to Participant: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Employer: _____ Phone: _____

Emergency Contact Information (Must be another contact from above)

Emergency Contact (1): _____ Relation: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact (2): _____ Relation: _____

Home Phone: _____ Cell Phone: _____

Participant Health/Medical Information

Health Insurance Provider: _____ Policy Number: _____

Physicians' Name: _____ Office Phone: _____

Preferred Medical Facility: _____ Date of last Tetanus shot: _____

Allergies including medications: _____

Special Dietary/Health Needs: _____

Current Medications: _____

Please provide any additional health related information we need to know:

Please provide a copy of the health insurance card when submitting this application.

Please Check One Only:

Session One: June 22nd-26th: _____

Session Two: June 29th-3rd: _____

Invitational Returnee Session Three: July 6th-16th: _____

Graduation Dinner July 25th: Attending ___ Yes or ___ No Number of Attendees: _____

Please give a brief description of why the participant is applying, and why he/she would benefit most from this program. Please also give a brief description of horse experience if any:

Demographic Information (Parent/Guardian/Caregiver Information)

The Mustang Troop is a non-profit organization supported by donations and support from the Kentucky Horse Park Foundation. This information will be kept confidential, and you may return this page separate from other registration forms.

Parent DOB: _____ Age: _____ Preferred Pronouns: _____

Kentucky County of Residence of participant: _____

How did you hear about the program? _____

Is the participant living in a household in which is accepting support from state or government funding? _____

What is your relationship with the participant?

_____ Self _____ Parent _____ Aide _____ Guardian

How many people live in the home with the participant? _____

Of this number, how many are under age 19? _____

What is the total annual income of the household?

- | | |
|-------------------------------------|-------------------------------------|
| _____ Less than \$15,000 | _____ Between \$40, 000 - \$43, 000 |
| _____ Between \$15, 000 - \$26, 000 | _____ Between \$43, 000- \$46, 000 |
| _____ Between \$26, 000- \$29, 000 | _____ Between \$46, 000- \$50, 000 |
| _____ Between \$29, 000- \$33, 000 | _____ Between \$50, 000- \$75, 000 |
| _____ Between \$33, 000- \$37, 000 | _____ Between \$75, 000- \$100, 000 |
| _____ Between \$37, 000- \$40, 000 | _____ above \$100, 000 |

Occupation of self, parent, or Guardian: _____

Please indicate the participants' ethnicity (needed for grant applications)

- _____ White/Caucasian _____ Hispanic Origin _____ Asian/Pacific Islander
 _____ American Indian _____ African American
 _____ Other, please explain: _____

Has the applicant been enrolled in this program before or submitted an application? If yes, what year?

_____ YES _____ YEAR _____ NO

Will the applicant or parent/guardian need translation or speech support during the program?

_____ YES _____ NO

Will the participant have a reliable source of transportation if he/she is a participant of the Mustang Troop?

_____ YES _____ NO

***Required documentation with submission of application: (a copy of each of the following must be attached with application)**

- Child's most recent school report card
- Documentation proof of government, state funding support, or proof of active member of Free and Reduced lunch program.

*******ALL INFORMATION MUST BE FILLED OUT FOR APPLICATION TO BE ACCEPTED**

To the best of my knowledge, all the information provided above is true and accurate:

Signature: (Guardian if under 18) _____ Date: _____

KENTUCKY HORSE PARK YOUTH EQUINE ACTIVITY RELEASE AND HOLD HARMLESS AGREEMENT

(VERSION 4/2022)

PARTICIPANT NAME: _____

DATE: _____

This is a release of your rights to sue the Kentucky Horse Park Commission and its employees, agents, contractors, and assigns for personal injuries or wrongful death that may occur during the above-named activity as a result of the inherent risk associated thereto. This release may be used against you in a court of law if you sue a released party or person.

1. I, as participant or parent or legal guardian of a participant, acknowledge that equine activities pose potentially serious risk of injuries or death to participants in equine activities. I understand that participants in equine activities may be injured or killed as a result of their own negligence, the negligence of others, the negligence of KHP and its employees, or through no fault of participant or anyone else.
2. Intrinsic Dangers of Equine Activities. I acknowledge that there are certain intrinsic dangers or conditions that are an integral part of equine activities, including but not limited to the following:
 - a. The propensity of equines to behave in ways that may result in injury, harm, or death to persons on or around them;
 - b. The unpredictability of an equine's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals;
 - c. Certain hazards such as surface and subsurface conditions;
 - d. Collisions with other animals or objects; and / or
 - e. The potential of a participant or KHP employee acting in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or not acting within the participant's ability.
3. Specific Dangers of this Equine Activity. I acknowledge that the following are certain intrinsic danger or conditions that are integral part of the above-named equine activity:
 - a. **Youth riders may not have the strength of an adult rider and are therefore limited in their abilities to physically control an animal that is many times larger than they are.**
4. Waiver. In consideration of the Kentucky Horse Park Commission ("KHP") allowing participant to participate in equine activities at the Horse Park, on behalf of myself, my minor child(ren) and my heirs, successors, and assigns I hereby release and waive any rights to make any claim against the KHP, its employees, agents and representatives for any loss, damage, injury, or death to person or property sustained by the participant in equine activities by any cause whatsoever, including but not limited to the following:

- a. The Intrinsic Dangers of Equine Activities;
 - b. The Specific Dangers of this Equine Activity
 - c. The experience level of any participant;
 - d. A known or unknown health condition of any participant;
 - e. Negligence of any participant or KHP employee, and
 - f. The condition and age of equipment or tack.
5. Assumption of Risks. I hereby acknowledge and assume all of the foregoing risks and any other risks inherent in equine activities and accept complete responsibility for making any and all examinations or inspections relating to those risks and any other potential risks of recreational activities, and I agree and understand that the KHP shall have no responsibility whatsoever to make any such examination or inspection.
6. Indemnification. I agree to indemnify and hold harmless the KHP, it's employees, representatives and agents from and against all of the foregoing claims and any and all loss, damage, injury, or death to person or property by whatever cause including any act or omission negligent or otherwise, on the part of the KHP, its employees, representatives or agents, or on the part of any other person arising from or related to participation in equine activities.
7. Kentucky Farm Animal Activity Liability Act, KRS 247.401 - 247.4029, Required Warning.

WARNING

Under Kentucky law, a farm animal activity sponsor, farm animal professional, or other person does not have the duty to eliminate all risks of injury of participation in farm animal activities. There are inherent risks of injury that you voluntarily accept if you participate in farm animal activities.

8. Governing Law; Dispute Resolution. This Waiver shall be governed by the laws of the Commonwealth of Kentucky. Any claims arising from this activity against the KHP shall be brought in in the Kentucky Board of Claims in accordance with KRS § 49.010 *et seq.* No clause or part of this Agreement shall constitute, either directly or indirectly, a waiver of sovereign immunity granted under the Kentucky Constitution, Section 231 and the United States Constitution, Eleventh Amendment. The parties hereto agree that any legal action not under the jurisdiction of the Kentucky Board of Claims which is brought on the basis of this agreement shall be filed with the Franklin County Circuit Court of the Commonwealth of Kentucky.
9. Emergency Medical Authorization. In the event that I or my child is rendered unable to communicate by an emergency or accident while participating in equine activities at the KHP, I hereby give my permission to any physician and any health care facility to render any appropriate medical care, including but not limited to hospitalization, tests, medication, anesthesia and surgery. A copy (including facsimile) of this Authorization shall have the same effect as the original.
10. Statement on Health Insurance. I affirm that all Participants named on this form have health insurance, Medicaid, or another medical coverage plan in place. I agree to indemnify and hold harmless the Commonwealth of Kentucky, its employees and agents, and all other released parties for any medical expenses incurred due to lack of medical insurance coverage for the Participant.
11. Authority to Sign. I hereby certify that the statements and representations in this Agreement are being made by me knowingly, freely, and voluntarily, and I understand that the KHP is expressly relying upon the foregoing statements and representations in permitting my or my child's participation in any equine

activities. I further state that I am of lawful age 18 and legally competent and not under the influence of alcohol or drugs to sign this liability and release. If signed by a parent or guardian, I certify that I am parent or guardian with the legal authority to sign this document on the behalf of the participant. I understand that the terms herein are contractual and not a mere recital and that I have signed this document of my own free will.

YOUTH PARTICIPANT:

Signature: _____

Printed name: _____

Birth date: _____

Date signed: _____

PARENT/GUARDIAN:

Signature: _____

Printed name: _____

Relationship to Participant: _____

Date signed: _____

EMERGENCY MEDICAL INFORMATION:

It is recommended that all participants keep a copy of their insurance card and any other necessary emergency medical information on their person.

Contact name: _____

Phone number: _____

Please use the space below to describe any relevant emergency information (known conditions, allergies, etc.):



Photographic Release Form (Version 3/2019)

I _____ hereby consent for the Kentucky Horse Park to use photographs, audio, and video of me, or minors in my care, in print, web publish, and social media sites promoting the Kentucky Horse Park as a travel destination and equine competition facility.

I _____ hereby release the Kentucky Horse Park and its employees from all claims for damage, libel, slander, invasion of privacy, implied endorsement or any other claims, know, unknown, current, or to arise in the future for use of images and or audio in which I appear.

Model/Talent Name: _____

Model/Talent Signature: _____

Date: _____

If Minor, Parent or Guardian: _____

Email: _____

Location: The Kentucky Horse Park