

MHARF Trainer's Challenge Application

Do you think you have what it takes to turn an unwanted horse into the horse that everyone wants? Then fill out this application form, quick! In addition to the completion of this form, there is a \$25 entry fee donation to the MN Hooved Animal Rescue Foundation. You will be contacted by a representative of MHARF with information regarding the horse that you have been assigned once your application has been reviewed and approved. Additional updates will be provided through postings on the MHARF website (www.mnhoovedanimalrescue.org), or via the contact information that you provide below.

The goal you are working towards is to take an untrained horse and spend approximately 100 days training it into a well-mannered partner. The horse will be expected to manage both rail and trail, stand for a farrier and vet, load and unload from a trailer, and stand quietly while being tacked and untacked. Please note that these are merely minimum requirements – you are encouraged to take the horse as far down the "training road" as time allows.

Contact Information

Name:					
Contact Person if Group:					
Street Address:					
City:		State:		Zip:	
Primary Contact Number:			Secondary Contact Number:		
E-Mail Address:					
Vet Name:			Contact Number:		
Farrier Name:			Contact Number:		

Background and Facilities Information

Number of years experience:		Do you train:	Full Time: <input type="checkbox"/>	Part Time: <input type="checkbox"/>
Approximately how many horses have you trained?		Do you train horses for personal use, or for clients?	Personal: <input type="checkbox"/>	Clients: <input type="checkbox"/>
Have you trained or are you comfortable with gaited horses?			Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
To facilitate ease of transfer, can the horse you train return to your farm after the competition for a one week stay if necessary?			Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
Is the training facility at the same address as the contact information?			Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
If no, please provide the address of the training facility.	Street Address:			
	City:		State:	
			Zip:	

Please describe the facilities at which the horse will be stabled and trained.
(Include information on food/water, number of other horses, etc.)

Why do you wish to enter the Trainer's Challenge?

Please describe your training method(s) and
what are your most common training tools?

What discipline(s) do you train? If more than
one, do you have a preference?

Are there any health requirements for horses at your barn? Please provide specific information (e.g. Coggins within "x" time, Specific vaccinations, etc.)

Do you have any preference in breed or size of horse?

Do you have stallions on your property? If so, are they there for training or breeding?

Do you have any questions or concerns regarding this challenge?

Agreement and Signature

I, _____, acknowledge that I have voluntarily applied to attend or participate in an instruction and training Demonstration in the training, selection, care, handling and riding of horses (hereinafter referred to as "Demo") with the Minnesota Hooved Animal Rescue Foundation (hereinafter referred to as "MHARF").

I AM AWARE THAT ACTIVITIES INVOLVING HORSES CAN BE A HAZARDOUS ACTIVITY AND I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH THE KNOWLEDGE OF THE DANGER INVOLVED, HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF PERSONAL INJURY OR DEATH OR PROPERTY DAMAGE, AND VERIFY THESE STATEMENTS BY PLACING MY INITIALS HERE: _____.

As consideration for being permitted by MHARF or any one of its affiliated organizations to participate in these activities and use their facilities, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue or attach the property of MHARF, the Sponsor or any of their agents, employees or affiliated organizations or the supplier of any of the equipment I will use in these activities for Injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, or contractor of MHARF, the sponsor or any of their agents, employees or affiliated organizations as a result of my participation in the above-referenced Demo. I hereby release MHARF, the Sponsor, and any of their agents, employees or affiliated organizations from all action, claims, or demands that I, my assignees, heirs, distributees, guardians, and legal representatives now have or may hereafter have for personal injury, death, or property damage resulting from my participation in the above-referenced Demo.

I further agree to indemnify, save and hold harmless MHARF, the Sponsor, or any of their agents, employees, or affiliated organizations and each of them from any loss, liability, damage or cost they, or any of them, may incur as a result of my attendance at or participation in the above-referenced Demo.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND MHARF, THE SPONSOR, AND/OR ANY OF THEIR AGENTS, EMPLOYEES, OR AFFILIATED ORGANIZATIONS AND SIGN IT OF MY OWN FREE WILL. I AGREE THAT THIS AGREEMENT SHALL BIND ME, MY LEGAL REPRESENTATIVES, DISTRIBUTEES, GUARDIANS, ASSIGNS, HEIRS, AND NEXT OF KIN AND THAT IT MAY BE PLEADED IN BAR TO ANY LEGAL ACTION COMMENCED IN ANY COURT CONTRARY TO THE TERMS HEREOF:

Name (Printed):		Date:	
Signature:			

Are you done filling out the form? Great! Please mail the completed form, along with the \$25 entry fee donation (also made payable) to:

Minnesota Hooved Animal Rescue Foundation
Trainer's Challenge of the Unwanted Horse
P.O. Box 47
Zimmerman, MN 55398

Please note: Entries must be mailed so that they arrive no later than May 1st.