THE ORIGINAL
TEXAS STAR TRAIL
FROM FREDERICKSBURG

********** **2017 REGISTRATION FORM** **********

(One participant per registration form)

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE with AC: _____ **E-MAIL**_____

BIRTH DATE: _____**AGE:** _____ **OCCUPATION:** _____

DAYS RIDING: □ SAT □ SUN □ MON □ TUE □ WED □ THU

□ RIDER □ NON-RIDER □ WAGON DRIVER □ WAGON RIDER □ SCOUT □ STAFF □ SPONSOR

TRAIL RIDE FEE:	**FULL WEEK**	**WEEKEND**	**SAT ONLY**	**SUN ONLY**	**DAILY (MON–THURS)**	
ADULT	**$165**	**$75**	**$50**	**$35**	**$35**	
CHILD (<12 yrs)	**$135**	**$65**	**$40**	**$30**	**$25**	**$_____**

GUEST FEES (PLEASE INDICATE NUMBER OF GUESTS – paid riders not included);

Dinner/Dance Saturday, March 4 _____ @ $20 each $ _____

Dinner/Dance Thursday, March 9 _____ @ $20 each $ _____ **$_____**

CASHIERS CHECK, MONEY ORDER OR PERSONAL CHECKS ACCEPTED. **TOTAL** **$_____**

MAKE PAYABLE TO: Bill Harrison, Trail Boss

MAIL TO: The Original Texas Star Trail From Fredericksburg
1875 Mineral Springs Road, Lockhart, TX 78644

DO NOT MAIL AFTER
FEBRUARY 25, 2017

CONTACT NUMBERS: Bill Harrison 512-791-2503 / 830-875-6121
trailboss@texasstartrail.com

♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ **2017 RELEASE — MUST BE COMPLETED & SIGNED** ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦ ♦

For and in consideration of the privilege of participating in and as a condition for participation in the 2017 Original Texas Star Trail From Fredericksburg, I hereby assume all risk of personal injury or damage to me, my property, and my livestock, and I hereby release, indemnify, and hold harmless The Gillespie County Fair & Festival Association, Inc., the communities of Luckenbach & Stonewall, the cities of Fredericksburg, Johnson City, Blanco, 5 Hands Ranch,Yett Memorial Park, Luckenbach Dance Hall, Burg's Corner, LBJ Ranch/State Park/National Historic Park, Bill Harrison (Trail Boss), and the Trail Ride Scouts and Staff from any and all claims and/or liability from any accident, injury, damage or loss incurred or suffered by me or anyone in my charge or care no matter what the nature or cause. I further agree to indemnify and hold harmless the aforementioned from any and all damages, costs, charges, expenses,
legal fees or any other loss or expense incurred by said organizations or the individuals connected thereto resulting from any accident, injury, damage or loss incurred or suffered by any third party resulting from any acts or actions on my part or by anyone in my charge, whether such acts were intentional, accidental or negligent which caused or contributed to the cause of such accident, injury, damage or loss incurred or suffered by such third party. I do hereby certify that I have read the foregoing and agree to same and further agree to abide by all of the rules and regulations of the Trail Ride and state that I am qualified for participating therein.

NOTE: **Bring ORIGINAL Coggins papers for registration. See your veterinarian before the trail ride.**

DISCLAIMER: Under the Texas Law (Chapter 87, Civil Practice and Remedies Code) an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

NAME OF PARENT/GUARDIAN OF PARTICIPANT <18 YRS OLD: _____

Phone with AC:_____

ADULT CCOMPANYING MINOR: _____
Participants under 18 years of age must be accompanied by an adult, and must have a release signed by parent or guardian.

SIGNATURE: _____
Every participant or parent/guardian of minor participant must sign a release.