



**B R O W N S B O R O**  
**ALLIANCE**

**BROWNSBORO YOUTH EXPERIENCE (BYE)  
REGISTRATION**

PLEASE COMPLETE AND SIGN ALL FORMS

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone #'s \_\_\_\_\_

Parent's  
Name \_\_\_\_\_

Emergency Contact & Phone # \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

\_\_\_\_\_ \$20 Registration Fee \_\_\_\_\_ # \_\_\_\_\_ Check Enclosed \_\_\_\_\_ Online Payment

**Mail this completed BYE Registration Form including:**

- Signed BA Membership Rules
- Signed BA Release/Waiver (signed by each participant and both parents of minors)
- Signed Photograph and Publicity Release for participant
- Completed and Signed Medical Treatment Authorization for participant
- Check for Registration Fee made out to Brownsboro Alliance
- Optional donation for continued trail expansion and repairs

**Mail to: P.O. Box 516, Crestwood, KY 40014**

*BATA recommends participants wear long pants or shorts with calf socks, short sleeve shirt, closed toed walking shoes or boots, head gear and/or sunglasses and bring rain gear. It is also recommended to bring a water bottle, snacks, sun screen, bug spray and a small back pack.*

# Brownsboro Alliance Membership Rules Agreement

Brownsboro Alliance (hereafter, BA) Trails are located on **private property** ("Property"). BA has secured permission to use the Property, but such use is a privilege and not a right, conditioned on compliance with this BA Rules Agreement. It is mandatory that all riders and walkers understand and sign a complete liability and release waiver. Signed waiver and membership fee must be in possession of management prior to entering any property. Membership is effective at time of trail opening.

I hereby agree to abide by the following BA Rules as a condition of BA Membership and use of the Property.

1. Membership is open to everyone, but if membership demand warrants, restrictions may have to be implemented. Membership is good for one year, renewable the month of joining.
2. Hours: Sunrise to sunset when trail is open; please check website BEFORE coming to use trail, especially after heavy rain or snow. We can't permit horses on the trails if they are muddy. A good rule of thumb is that if you can see the horse's hoof prints on the trail, it is not okay to ride that day. Hikers will be permitted even on non-horse days unless it is really muddy.
3. Parking allowed in designated areas only using the proper diagram so that we maximize use of the space. Horse owners are responsible for policing parking area of horse manure. Be sure to lock all trailers and cars. BA is not responsible for any lost, damaged or stolen property.
4. Respect the rights of the property owners whose lands we are permitted to ride or hike. Be considerate; keep your voice down.
5. DO NOT remove plants, rocks, flowers, animals or ANY item from the trails. Never personally contact landowners. Be respectful of livestock.
6. Ride or walk the BA Trails **ONLY**; no walking allowed on farm land or off the marked trail. Hikers may "jog" the trail where it is safe to do so, but this is not meant to be a running trail and you do so at your own risk. Any hikers or runner encountering horses going either way are to stop, move aside, and let the horses pass.
7. Observe all trail signs. Do not drink alcoholic beverages, litter, smoke, camp, or start a campfire. If you choose to eat, please take ALL trash with you, biodegradable or not. Please be advised, we do not at this point in time have any bathroom facilities.
8. Practice safe horsemanship; maintain control of your horse at all times. Treat others with respect and consideration. Walk (left to left) when approaching other riders or hikers on the trail, around fence lines and on areas with poor footing.
9. HUNTING – September 1 – January 31. Refer to BA Trails website, [www.brownsboroalliance.org](http://www.brownsboroalliance.org) for postings during this time period. Landowner's may temporarily post restrictions on usage of trails during particular hunting seasons. BA Trail members are **prohibited** from hunting while on the trails.
10. Leave all gates in the position you find them.
11. **MEMBERS** must obtain a properly executed Guest Release Agreement – same as Membership Application (available at trailhead or website) and return it to BA by mail or place it in the trailhead mailbox PRIOR to trail use. No commercial use of the trails of any type is permitted. **MEMBERS ARE LEGALLY RESPONSIBLE FOR THEIR GUESTS**, including any liability or damages to landowners resulting from any accident, injury, loss or damage, including death. Local residents may only ride once per month as any member's guest. **MEMBERS MUST ACCOMPANY THEIR GUEST(S) AT ALL TIMES AND ARE RESPONSIBLE FOR GUEST'S COMPLIANCE WITH THE RULES.** Guests must carry a current Coggins test results for any horse they are riding or have a picture of it on their cell phone.

12. A ribbon must be attached to tail of horse that kicks. NO stallions allowed. Always display your BA identification. It should be worn in plain sight. Always show your BA identification on the request of a landowner or steward. Boarding stable operators are responsible for ensuring that boarders using the trails join BA as riding members
13. Riders, cross bridges single file and one at a time.
14. Walkers, let horses pass. Make yourself visible so as not to frighten horses.
15. No motorized vehicles or bicycles of any type are permitted on the trails.
16. Dogs allowed on leash ONLY with hikers; no dogs with horses. Pick up after your dog.
17. Each rider is responsible for their actions and those of their horse. Ignorance of the rules does not release the rider or walker of the responsibility in the event of an accident. Riders should carry a copy of their horses' current Coggins test with them while on the trails.
18. This trail is not for beginners. All riders must be experienced, and horses must be able to handle an intermediate level trail.
19. No riders under the age of 10.
20. Approved safety helmets are strongly recommended for all riders, and required for those under 16 years of age. Riders 11 to 16 years of age must be accompanied at all times by a responsible adult and/or a parent or legal guardian.
21. BA relies upon volunteer work to maintain the trails. All members are required to donate a minimum of five (5) hours of volunteer work to help in this effort every year. If a member chooses not to perform volunteer work, then an additional \$100 per member (riding or hiking) will be added to dues upon renewal. The cost of dues is subject to change. Increases will be communicated to members no less than 30 days before the renewal date of January 1 each year.
22. All members and guests must abide by all applicable state, federal and local laws governing the use of recreational trails.

VIOLATIONS: Violations of this BA Rules Agreement may result in a warning, suspension or termination of BA membership, at the sole discretion of the BA Board of Directors.

**I HAVE READ THESE RULES AND AGREE TO THESE RULES.  
PLEASE INCLUDE ALL MEMBERS IN GROUP, INCLUDING MINORS.**

PRINT NAME: _____	SIGNATURE: _____	DATE: _____
PRINT NAME: _____	SIGNATURE: _____	DATE: _____
PRINT NAME: _____	SIGNATURE: _____	DATE: _____
PRINT NAME: _____	SIGNATURE: _____	DATE: _____
PRINT NAME: _____	SIGNATURE: _____	DATE: _____

# Brownsboro Alliance

## Release and Hold Harmless Agreement

Pursuant to Kentucky General Statutes KRS 247.401 to 247.4029, I acknowledge the inherent risks involved in riding, working around, or being in close proximity to horses, which risks include, without limitation, bodily injury and death to either horse or person. I hereby assume those risks on behalf of myself and my child or ward, if the member or guest of member is under 16 years old. I also acknowledge all laws of general applicability must be complied with.

Furthermore, on behalf of myself and my child or ward, if the member or guest of member is under 18 years old, I do hereby release and hold harmless Brownsboro Alliance (hereafter, BA) and its officers, directors, and members, the landowners on whose real property events may occur (including but not limited to landowners who are BA members) and any other agent, servant, employee, independent contractor, volunteer or organizer of or on behalf of the BA from all liability for negligence resulting in bodily injury, death or illness to myself or any family member or spectator accompanying me, or resulting in damage to any property I use, including without limitation the horse or horses which will participate in any event, for anything suffered while attending, competing, spectating or in any other way involved in the equine events of BA for any reason whatsoever, including that caused in whole or in part by the negligence of BA, its officers, directors, members, said landowners, agents, servants, employees, independent contractors, volunteers or organizers.

Additionally, on behalf of myself and my child or ward, if the member or guest of member is under 18 years old, I accept and agree to comply with the Membership Policy and Trail Use Regulations of BA, which include, among other provisions, requiring riders 16 and under to wear a helmet that meets ASTM/SEI standards properly secured at all times while mounted. I have received a copy of the current Membership Policy and Trail Use Regulations.

I also represent that I (or my child or ward, if the member or guest of member is under 16 years old) have medical insurance in the event that I (or my child or ward, if the member or guest of member is under 16 years old) is injured, that I will continue to have such medical insurance in effect at all times, and that I (and my child or ward, if the member or guest of member is under 16 years old) will seek reimbursement for all medical expenses solely from said insurance.

I have received a copy of this Release and Hold Harmless Agreement. *Parent, legal guardian or responsible adult member must sign if member or guest of member is under the age of 16.*

**PLEASE INCLUDE ALL MEMBERS IN GROUP, INCLUDING MINORS.**

SIGNATURE: _____	DATE: _____
SIGNATURE: _____	DATE: _____
SIGNATURE: _____	DATE: _____
SIGNATURE: _____	DATE: _____
SIGNATURE: _____	DATE: _____

## BYE - Photograph and Publicity Release

I give *Brownsboro Alliance (BA)*, *Brownsboro Alliance Trail Association (BATA)* and the *Brownsboro Youth Experience (BYE)* permission to use my child's name, likeness, image, voice, and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of the *Brownsboro Youth Experience (BYE)* activities. I agree that *BA, BATA and BYE* have complete ownership of such pictures, etc., including the entire copyright, and may use them for any purpose consistent with the *BA, BATA, BYE's* missions. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet. I acknowledge that I will not receive any compensation, etc for the use of such pictures, etc., and hereby release *BA, BATA, BYE* and its agents and assigns from any and all claims which arise out of or are in any way connected with such use.

I have read and understood this consent and release.

CHILD'S NAME \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

## BYE – Medical Treatment Authorization

Minor's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

### Medical Information:

Primary Care Physician's Name \_\_\_\_\_

Phone # \_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_ Policy# \_\_\_\_\_

Allergies(to include to medications)

\_\_\_\_\_

Prescription Drugs the minor is taking

\_\_\_\_\_

Other pertinent medical information

\_\_\_\_\_

**AUTHORIAZTION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S):** As custodian of the aforementioned minor, I grant my authorization and consent for a designated adult to administer general first aid treatment for minor injuries or illnesses. If the injury or illness is severe, I authorize him or her to seek professional emergency personnel to attend, transport, and treat the minor and to issue consent for any medical care deemed advisable by a licensed medical professional or institution. I authorize the designated adult to exercise best judgment upon the advice of medical or emergency personnel.

Effective Date: \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Parent/Guardian Signature \_\_\_\_\_

Printed Name: \_\_\_\_\_