



MHARF Trainer's Challenge of the Unwanted Horse Trainer Application

Thank you for your interest in applying to train in the MHARF 2019 Trainer's Challenge of the Unwanted Horse. In addition to the completion of this form, there is a \$25 entry fee donation to the MN Hooved Animal Rescue Foundation. We also require that each applicant send photos of the facility where the horse will be stabled and trained. Photos should include: stall, turnout, shelter, feeders, water source, hay supply, fencing, gates, arenas. Photos can be emailed to info@mnhoovedanimalrescue.org. Please include applicant's name in the email subject line. Pages 2 through 4 of the application should be printed and sent along with your check (made payable to MHARF) to: MHARF Trainer's Challenge, PO Box 47, Zimmerman, MN, 55398. Once your application has been reviewed and approved, you will be contacted by a representative of MHARF with information regarding the horse that you have been assigned. Additional updates will be provided by email. Please be sure to check your email on a regular basis and respond to all correspondence from MHARF.

The goal you are working towards is to take an untrained horse and spend approximately 150 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. For more information, please see the Trainer's Challenge link at mnhoovedanimalrescue.org for a list of answers to Frequently Asked Questions regarding the Challenge.

Additional Requirements for Trainers

*All trainers will be required to keep an updated Facebook page (including photos) documenting the progress of their horse. This page must be updated a minimum of once per week throughout the training period.

*All trainers will be required to respond to inquiries from potential adopters in a timely manner.

*All trainers will be required to respond to email correspondence from MHARF in a timely manner.

Contact Information

Name: _____

Contact Person (if applying as group): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Primary Phone #: _____ Secondary #: _____

Email Address: _____

Veterinarian Name: _____ Vet Phone # _____

Farrier Name: _____ Farrier Phone# _____

Trainer Background and Training Facility Information

Number of Years Experience _____ Do You Train Full or Part time? _____

Approximately how many horses have you trained? _____

Do you train horses just for personal use or also for clients? _____

Have you trained and/or are you comfortable with gaited horses? _____

Have you trained and/or are you comfortable with mules? _____

Why do you wish to enter the Trainers' Challenge? _____

Please describe your training method(s) and what tools you commonly use: _____

What disciplines do you train? If more than one, do you have a preference?

Do you have a preference as to breed, size, age, and gender of horse? _____

Do you have any specific questions or concerns about entering the Challenge? _____

Is the training facility at the same address as the contact information? _____ If no, please provide address: _____

How many other equines are kept on the property? _____

Are there stallions kept on the property? _____ If yes, are they kept for breeding or for training? _____

How would your Challenge horse be stabled (stall w/turnout, paddock w/shelter, etc.)? _____

Please describe the type of fencing in which your Challenge horse would be kept (Please note: we do not allow barbed wire fencing, all steel t-posts must be capped): _____

Please describe what type of feeders, waterers, and hay/feed you will use for your Challenge horse: _____

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

To facilitate ease of transfer, can the horse you train return to your farm for up to two weeks after the Challenge date? _____

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 UNDERSTAND THAT SHOULD ANY HEALTH CONCERNS ARISE WITH THE HORSE I HAVE BEEN ASSIGNED TO TRAIN, REGARDLESS OF SEVERITY, I AM RESPONSIBLE FOR NOTIFYING MHARF IMMEDIATELY. IF WARRANTED, I AM ALSO RESPONSIBLE FOR CONTACTING A VETERINARIAN TO EVALUATE THE CONCERN.

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 _____ DATE _____

SIGNATURE _____

Please mail your entry along with a check for \$25.00 (made payable to MHARF) to MHARF Trainers' Challenge, PO Box 47, Zimmerman, MN, 55398. Facility photos can be emailed to info@mnhoovedanimalrescue.org.

First Entry Deadline: MARCH 15th (approved entries that are postmarked by this date can pick up horses on **04/01/18**)

Second Entry Deadline: APRIL 1st (approved entries postmarked by this date can pick up horses on **04/15/18**)