Due date: April 1, 2026 **Ride fee: $3,350** **$3,250 before March 1** **$3,850 after April 1** *Pay online (w/ addl. fee):* members.roundupriders.com **NEW POLICY FOR 2026: See Ride Fee Refund Policies Below**	**Application for 2026 Ride** *(not for use by Colts)* **Roundup Riders of the Rockies** PO Box 271820 Ft Collins, CO 80527 (218) 360-3717 **July 24 to July 30 (banquet night) of 2026**	**"The 3R organization is dedicated to the perpetuation of the Western Tradition associated with the relationship between the American Cowboy and his horse. Our annual, week long horseback ride in the Colorado Rockies is a challenging experience emphasizing horsemanship and horsemastership in an environment of sportsmanship and camaraderie. This experience engenders respect for the Western Tradition among warm and enduring friends. The organization is strongly dedicated to the promotion, advancement and preservation of our public lands and trails for the benefit of all citizens."**

If you are bringing your own horse, then what is the horse type? Quarter Horse Gelding ◯, Quarter Horse Mare ◯, Paint ◯, Fox Trotter/Walker ◯, Morgan ◯, Arabian ◯, Thoroughbred ◯, Mule ◯, Western Stock ◯

INSTRUCTIONS: This APPLICATION & RIDE RELEASE ASSUMPTION OF RISK AND INDEMNITY AGREEMENT on the reverse side hereof, must be fully completed, signed & delivered to the Director of Operations by the deadline above. Online payments must be made in full.

If there are corrections/updates to your profile on the 3R website, enter them before May 15th to ensure your info is correct in the Tally book.

Name: _____

IT'S VERY IMPORTANT & SIMPLE TO UPDATE YOUR INFORMATION!

1) Go to your internet browser and type in the 3R website name of members.roundupriders.com
2) Enter your user name (the **first** initial of your **nick name/camp name** followed by your full **last name**) i.e. "pleavell" for Pete Leavell, **NOT** "cleavell" as for Charles S. Leavell.
3) Enter your password. DEFAULT PASSWORD is "stampede"; If you don't have your password, contact the Director of Operations.
4) Once logged on to the 3R website, please open "My Profile" and update your personal information, especially mailing, phone, and email information; this is critical for your Tally Book and 3R Mailings.
5) Click on "Update My Profile" in the lower left hand corner of the web page. **You are done and thanks!**

Please put the 3R email address admin@roundupriders.com ("3R Admin") in your computer's address book so 3R emails don't go to your junk or spam folders.

RELEASE – I have signed this form and the **Release Assumption of Risk and Indemnity Agreement.**

MEDICAL CARD – I completed & mailed my Medical Card to the Chairman of the Medical Emergency Committee.

REFUND POLICY – **Ride Fee**: I understand that refunds will be made only upon written request, postmarked or received by the Director of Operations and approved by the President, as follows:

1) Prior to June 1st – 100% **less $250.** During June – 50%. After June 30th – no refunds (except for emergencies, e.g. acute illness, death in the family). The request must be submitted to 3R in writing by August 1st and is subject to approval by the Board. There will be no credit applied to future Rides.
2) I understand that there is a possibility that the 2026 Big Ride may not occur due to pandemic or that I may not be able to attend for a medical issue or an emergency. If the ride gets canceled or if I cannot attend due to personal or medical reasons, I request that _____% of my Big Ride Fee be donated to the Roundup Riders of the Rockies and _____% of my Big Ride Fee be refunded to me.

SPECIAL ASSESSMENTS – The Ride fee has been estimated at an amount sufficient to cover all Ride expenses based on past experience and expected costs; however, if a deficit for the Ride year does occur, I understand that a Special Assessment may be made after the Ride, and I agree to pay my proportionate share thereof when due.

THIS FORM MUST BE SIGNED AND DATED

SIGNATURE _____ DATE_____

ROUNDUP RIDERS OF THE ROCKIES
RELEASE, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT

In consideration of my participation in any activities of any type whatsoever conducted, allowed or sponsored by The Roundup Riders of the Rockies ("3R") including, but not limited to, all equine activities, shooting activities and camping activities ("Ride Activities"), I, on behalf of myself, my representatives, assigns, heirs, spouse, children and agents, hereby agree as follows:

AGREEMENT

1. Release. I hereby voluntarily release and forever discharge 3R and any of its parent, sister, subsidiary or related companies or entities and their directors, officers, owners, members, guests, family members, employees, agents, servants, guides, and any affiliates or representatives thereof, from any and all liability, claims, demands, actions or rights of action, which are in any way related to my participation in any Ride Activities including the exposure to or contraction of any disease or condition. The release contained herein includes, without limitation, the release of any physician or non-physician who provides any first aid, emergency or other healthcare services to me in connection with Ride Activities, and the release of any veterinarian or non-veterinarian who provides first aid, emergency or other services for my horse. The release contained herein also includes, without limitation, the release of any landowner or lessee upon whose property Ride Activities are conducted.

2. Indemnification. I further agree to defend, hold harmless and indemnify 3R for any and all injuries, damages and costs, including attorneys' fees, incurred in connection with any claims which may be brought against 3R by any third party in connection with my participation in Ride Activities.

3. Certification. I hereby certify that I have no physical or mental condition(s) and that I am not and will not become under the influence of any medications, drugs or alcohol which any way impair my ability to safely engage in Ride Activities.

4. Acknowledgment. I understand and acknowledge that no medical insurance benefits will be provided to me by 3R. I certify that I have sufficient health, accident and liability insurance to cover, or that I am capable of personally paying for, and will pay for, any medical expenses, emergency transportation expenses and any bodily injury or property damage I may incur and any bodily injury or property damage caused to any third party as a result of my participation in Ride Activities.

5. Risks. I understand and acknowledge that Ride Activities involve certain known and unknown risks which could result in injury, death, illness, disease or other damage to me, 3R or to third parties. Among these risks are: (1) the nature of the activities; (2) the acts, omissions or negligence of me, 3R or others; (3) latent or apparent defects or conditions in the equipment, guns, tack or the property supplied by me, 3R or others; (4) weather conditions; (5) contact with plants or animals; (6) my physical condition; (7) my failure to wear an appropriate helmet, eye or ear protection; (8) the surface and subsurface condition of areas, roads, trails, waterways, or terrain,

and accidents connected with their use; (9) the first aid, emergency treatment or other services rendered; (10) the general unpredictability of equine and their propensity to behave in ways that may result in injury, harm or death to the equine and to persons on or around them; (11) the unpredictability of an equine's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons or other animals; (12) collisions with other animals or objects; (13) risk of injuries from guns and/or related shooting activities; (14) equipment failure or misfunction of guns and/or equipment; (16) discharge of guns whether accidental, intentional or caused by malfunction; and (17) my own or other's failure to follow all shooting and safety rules. I understand and acknowledge that the above list is not complete or exhaustive, and that Ride Activities may involve other risks, known or unknown, anticipated or unanticipated.

6. Assumption of Risk. Being aware that Ride Activities involve substantial risks, I expressly and knowingly agree to accept and assume all responsibility and risk for any injury, death, illness, disease or other damage to me or to my property arising from my participation in Ride Activities.

7. Entire Agreement. I understand that this is the entire agreement between the parties and it cannot be modified, except by a writing signed by all parties.

8. Governing Law. This Agreement shall be construed and governed by the laws of the state of Colorado. In the event there is any action to enforce this Agreement or to seek legal remedies thereunder, I agree to the exclusive jurisdiction and venue of the County or District Court for the County of Jefferson, Colorado. The prevailing party in any such action shall be entitled to recover all costs, expenses and attorney fees incurred therein. I HEREBY KNOWINGLY WAIVE ANY RIGHT I MAY HAVE TO A JURY TRIAL.

9. Enforceability. The invalidity or unenforceability of any of the terms or provisions of this Release shall not affect the enforceability or validity of the remainder.

WARNING

UNDER COLORADO LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR ANY INJURY TO OR THE DEATH OF A PARTICIPANT IN RIDE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF RIDE ACTIVITIES, PURSUANT TO SECTION 13-21-119, COLORADO REVISED STATUTES.

IN WITNESS WHEREOF, I have executed this Release, Assumption of Risk and Indemnity Agreement effective as of _____, 20___.

_____
Signature of Participant

_____
Participant's Name (print)

ROUNDUP RIDERS OF THE ROCKIES MEDICAL CARD — DATE _____

Last Name **First Name** **Home Phone** **Work Phone**

Address **City** **State** **Zip** **Age**

Spouse's Name **Best Phone(s)** **Physician's Name and Phone**

Emergency Contact (other than spouse) **Home Phone** **Work Phone**

How would you classify your overall health status? **Excellent** **Good** **Fair** **Poor**

List any disease or condition that could be important if you were injured: _____

_____

Do you have a history of:

Heart Disease	**Kidney disorders**	**Seizure disorders**	**Diabetes**	**Lung Problems**
Allergies	**High blood pressure**	**Asthma**	**Fainting**	**Altitude Sickness**

If yes, please explain _____

Are you taking any of the following medications:

Anticoagulants (blood thinners)	**Insulin**	**Nitroglycerin**	**Digitalis or drugs for heart trouble**
Medicine for high blood pressure	**Antibiotics**		**Any other prescription medication**

If yes, please explain any condition being treated: _____

List allergies to any medication, foods, plants, etc.: _____

List any major surgery in the last 10 years: _____

Please mail this form to
Roundup Riders of the Rockies
PO Box 271820
Ft Collins CO 80527