

Office Use Only  
 Date Approved: \_\_\_\_\_  
 Tag Number(s): \_\_\_\_\_  
 \_\_\_\_\_



**CITY OF KEARNEY PARK & RECREATION DEPARTMENT  
 EQUESTRIAN TRAIL USE REGISTRATION APPLICATION**

Please complete this form entirely and hand deliver, mail or email to:  
 City of Kearney Park & Recreation Department, 2005 1st Ave, Kearney, NE 68847.  
[mhaupt@kearneygov.org](mailto:mhaupt@kearneygov.org)

There is not a fee associated with this registration. If you have any questions, please call 308-251-3139, Mon.-Thur., 7:30am-5:00pm, and Fri., 7:30am-Noon.

PRIMARY CONTACT NAME: \_\_\_\_\_

NAME OF OTHER FAMILY RIDERS: \_\_\_\_\_

HOME/DAY PHONE: \_\_\_\_\_

ADDRESS (Street, City, Zip): \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TRAILER LICENSE PLATE NUMBER: \_\_\_\_\_

# OF HORSES REGISTERED: \_\_\_\_\_

*I, the undersigned, apply for permission to ride a horses on the designated City of Kearney natural trails recognizing and acknowledging that there are risks of physical injury to me and others.*

*I agree and do hereby waive, relinquish and hold the City of Kearney, its commissioners, officers, agents, servants and employees harmless of any and all claims which I may incur by reason of damage to my person or property as well as claims of third parties incurred by reason of damage to their person or property resulting from my equestrian activity.*

*I do hereby agree that I have read and understand the rules, regulations, and instructions for horseback riding on City of Kearney trails. I also agree that I will communicate these rules, regulations, and instructions to my family members that take part in this activity. I understand that riding privileges can be revoked for not following the rules, regulations, and instruction.*

*I understand that horseback riding in City parks is a privilege, and I agree to promote the adherence of rules and regulations to other trail users.*

Signature: \_\_\_\_\_

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