MESQUITE TRAIL RIDE

RIDE, DINE & DANCE

REGISTRATION FORM

September 26th – 29th, 2024

Registration deadline is September 10th, 2024
*Don't delay! The ride is limited to **70 total***

Please complete one application per person.
*No one under **18 years of age** permitted on the*

APPLICANT INFORMATION

Full Name:	
Address:	
Phone:	
Email:	

HORSE OWNER OR RENTAL INFORMATION

I WILL BRING MY OWN HORSE: ☐

_____
(name of horse and years owned)

I WILL BE RENTING A HORSE ☐

(Please fill out and follow instructions on the horse rental form. Remember horse rental is your responsibility and is an agreement between you and the rental company.)

PAYMENT INFORMATION

*Ride Fee: **$205/ per person***
*Payment Due Date: **September 10th, 2024***

If you prefer to pay via Credit Card add $10/per rider processing fee. To request an invoice with easy click link send an email to Brenda@mesquitetrailride.com or call Brenda at 520-979-5199

Make Check Payable to: ***Mesquite Trail Ride***

Mail check to: *Mesquite Trail Ride*
PO BOX 1820
Benson, AZ 85602

Signature: _____ Date: _____

PLEASE BE AWARE: ARS - 12-553-subsection C - An owner, lessor or agent of any riding stable, rodeo ground, training or boarding stable or other private property that is used by a rider or handler of an equine with or without the owner's permission is not liable for injury to or death of the equine or the rider or handler.

*The return of this completed or partially completed form signifies that you understand and consent to **all Rules** set by the Mesquite Trail Ride. All rules can be found on our website: www.mesquitetrailride.com*

MESQUITE TRAIL RIDE

RIDE, DINE & DANCE

MEDICAL HISTORY & CONSENT AGREEMENT *September 26th – 29th, 2024*

APPLICANT INFORMATION

Years you have attended MTR: ☐ 2011 ☐ 2012 ☐ 2013 ☐ 2014 ☐ 2015 ☐ 2016 ☐ 2017 ☐ 2018 ☐ 2019 ☐ 2020 ☐ 2021 ☐ 2022 ☐ 2023

Rider Name:	

EMERGENCY CONTACT INFORMATION – 1st and 2nd

Full Name:		Relationship:	
Address:		Phone:	
Full Name:		Relationship:	
Address:		Phone:	

PRIMARY PHYSICIAN

Full Name:		Phone:	
Address:			

List Any Medical Conditions, Allergies (Bees, food, medication), or Medications:

I authorize the use of any Field Emergency medical Procedure(s) in the event that I should become ill or injured.

Signature: _____ Date: _____

PLEASE BE AWARE: ARS - 12-553-subsection C - An owner, lessor or agent of any riding stable, rodeo ground, training or boarding stable or other private property that is used by a rider or handler of an equine with or without the owner's permission is not liable for injury to or death of the equine or the rider or handler.

*The return of this completed or partially completed form signifies that you understand and consent to **all Rules** set by the Mesquite Trail Ride. All rules can be found on our website: www.mesquitetrailride.com*