APPLICANT INFORMATION

|  |  |
| --- | --- |
| Full Name: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |
| Phone: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. |

HORSE RENTAL INFORMATION

I WILL BRING A HORSE:  I WILL BE CAMPING NOT RIDING.

I WILL RENT A HORSE:  ( Please fill out and follow instructions on the horse rental form.)

PAYMENT INFORMATION

*Ride Fee:* ***$195/ per person*** *If you prefer to pay via Credit Card add $10/per*

*Payment Due Date:* ***September 10th, 2021*** *rider processing fee. To request an invoice*

[*Brenda@mesquitetrailride.com*](mailto:Brenda@mesquitetrailride.com)

*Or call Brenda at (520)979-5199*

*Mail to: Make Check Payable to:*

***Mesquite Trail Ride***

*Mesquite Trail Ride*

*PO BOX 1820 Please select payment type and $ amount of payment enclosed:*

*Benson, AZ 85602* CHECK CASH Credit Card $ Click or tap here to enter text.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: | Click or tap here to enter text. | Date: | Click or tap to enter a 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.**

APPLICANT INFORMATION

|  |  |
| --- | --- |
| Rider Name: | Click or tap here to enter text. |

EMERGENCY CONTACT INFORMATION – 1st and 2nd

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: | Click or tap here to enter text. | Relationship: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. | Phone: | Click or tap here to enter text. |
| Full Name: | Click or tap here to enter text. | Relationship: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. | Phone: | Click or tap here to enter text. |

PRIMARY PHYSICIAN

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: | Click or tap here to enter text. | Phone: | Click or tap here to enter text. |
| Address: | Click or tap here to enter text. |  |  |

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

Click or tap here to enter text.

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

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: | Click or tap here to enter text. | Date: | Click or tap to enter a date. |