



September 23rd – 26th, 2021

REGISTRATION FORM

Registration deadline is September 10th, 2021

The ride is limited to **70 total riders.**

Please complete one application per person.

No one under 18 years of age permitted on the ride.

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**

Payment Due Date: **September 10th, 2021**

If you prefer to pay via Credit Card add \$10/per rider processing fee. To request an invoice

Brenda@mesquitetrailride.com

Or call Brenda at (520)979-5199

Mail to:

Mesquite Trail Ride
PO BOX 1820
Benson, AZ 85602

Make Check Payable to:

Mesquite Trail Ride

Please select payment type and \$ amount of payment enclosed:

CHECK CASH Credit Card

\$Click or

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.

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



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MEDICAL HISTORY and CONSENT AGREEMENT

APPLICANT INFORMATION

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