



# REGISTRATION FORM

*September 25th – 28th, 2025*

**Registration deadline is September 10<sup>th</sup>, 2025**  
**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:

I WILL BE RENTING A HORSE

\_\_\_\_\_   
(name of horse and years owned)

(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, 2025**

*If you prefer to pay via Credit Card we accept Venmo, Zelle, Cash App and more just ask. Brenda at 520-979-5199 or Richard at 520-405-1194*

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](http://www.mesquitetrailride.com)*



# MEDICAL HISTORY & CONSENT AGREEMENT *September 25th - 28th, 2025*

## APPLICANT INFORMATION

Years you have attended MTR:

2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024

Rider Name:	
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## EMERGENCY CONTACT INFORMATION – 1<sup>st</sup> and 2<sup>nd</sup>

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: \_\_\_\_\_

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