



# 2024 HLSR Trail Ride Registration Form

Wagon No: \_\_\_\_\_ Button No: \_\_\_\_\_ Button Type: \_\_\_\_\_

**Applicant**

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

Legal Name: \_\_\_\_\_  
Last First Middle

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Numbers CP: \_\_\_\_\_ HM: \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_

Phone Numbers CP: \_\_\_\_\_ HM: \_\_\_\_\_

In consideration of my acceptance for registration on the Prairie View Trail, I hereby release the PVTRA and their Officers, agents, or individuals aiding or assisting in the ride or any of its sponsored activities from any and all claims for damages of any kind including personal bodily injury to me or for injury or damage to my livestock or equipment. I have been advised of the law requiring a negative Coggins Test and Health Certificate for my animal. This release shall be binding upon me and all others for whom I am responsible. I agree to abide by the rules and regulations of the Prairie View Trail Riders Association, including orders of the trail ride officials during the ride.

Applicant/Guardian Signature \_\_\_\_\_

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

For Internal Use Only:

Method of payment:  Cash  Check  Money Order

Amount Paid: \_\_\_\_\_  Membership Paid in Full

Authorized PVTRA Officer \_\_\_\_\_