



2025 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: _____

Before submitting this form, please check each box to confirm your agreement:

- Animal Health Requirement:** I acknowledge that I have been advised of the law requiring a negative Coggins Test and a current Health Certificate for my animal.
- Media Release:** I consent to the use of my likeness and images by PVTRA and its authorized agents.
- Acknowledgement of Rules:** I confirm that I have read, understood, and agree to abide by the Prairie View Trail Riders Association's rules and regulations.
- Indemnification:** I agree to indemnify and hold harmless PVTRA, its representatives, agents and sponsors from any claims or damages arising from my participation.

By signing below, I affirm that I have read and understand all of the above terms.

Applicant/Guardian Signature

Date:

For Internal Use Only:

Method of payment:

Cash

Check

Money Order

Amount Paid: _____

Membership Paid in Full

Authorized PVTRA Officer