



# 2026 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