

Rocky Mountain Rated Trail Ride Registration Form

Event Location: _____ Date of Ride: _____

Exhibitor Information:

Rider Name: _____
Last Name First Middle Initial

RMHA Member #: _____ RMRTP Exhibitor #: _____

Address: _____
Street City State Zip

Age if Youth Rider: _____ Date of Birth: _____

Phone: _____ Cell: _____ Email: _____

Horse information: All horses must be at least 36 months of age to participate in RMRTP

Name: _____
Print exactly as it appears on the RMHA Registration papers

RMHA Registration #: _____

Date of Certification: _____ DOB: _____
Month/Day/Year

Is the horse owner the same as the rider? Yes: ____ No: ____

I, the undersigned acknowledge the inherent risks involved in riding and working around horses, which risks include serious bodily injury or death from using, riding, or being in close proximity to horses, among other risks, and further, that both horse and rider can be injured in normal use or in competition and schooling.

Signature of Exhibitor: _____

Signature of parent/legal guardian: _____
For all Youth Riders 17 Years & Under

For Official Use Only:

Current Negative Coggins: _____

Current Health Certificate: _____

Fee paid: \$ _____
(Adults - \$25; juvenile riders = \$5.00)

Rider Number: _____