

2019 SANTA FE TRAIL RIDE REGISTRATION FORM  
PLEASE TYPE OR PRINT

**ONLY ONE APPLICANT PER FORM**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ BIRTHDAY \_\_\_\_\_

**TRAIL RIDE FEE\*\*\***

**ADULT** \$ \_\_\_\_\_  
\$150 (includes meals)

**DAILY RATE** \$ \_\_\_\_\_

\$40 a day # of days \_\_\_\_\_ will be joining \_\_\_\_\_

I will be riding a: \_\_\_\_\_ Wagon \_\_\_\_\_ Horse/Mule

***DON'T FORGET TO SIGN THE TRAIL RIDE RELEASE!!!!***

**MAKE CHECKS PAYABLE TO:  
SAN ANGELO STOCK SHOW & RODEO ASSOCIATION  
200 WEST 43<sup>RD</sup> STREET  
SAN ANGELO, TX 76903**

**Credit card accepted only if registering in advance.**

Please charge my \_\_\_\_\_ Visa / MasterCard  
(Circle one) American Express / Discover

Card No: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Office use only – do not write in this space  
Date Rec \_\_\_\_\_ Amt Paid \_\_\_\_\_ CA MO CK # \_\_\_\_\_  
Credit Card Approval \_\_\_\_\_

# Release

For and in consideration of the privilege of participating in this trail ride and as a condition for the San Angelo Rodeo Association, I hereby assume all risk of personal injury or damage to me, my property and my livestock. I hereby release the San Angelo Rodeo Association and any other organization or individual in charge of or connected with the San Angelo Rodeo Association from any and all claims and/or liability from any accident, injury, damage or loss incurred or suffered by me or anyone in my charge of care no matter what the nature or cause and I further agree to indemnify and hold harmless the San Angelo Rodeo Association and any other organization or individual in charge of or connected with the San Angelo Rodeo Association from any and all damages, cost, charges, expenses, legal fees or any other loss or expense incurred by said organizations or the individual connected thereto resulting from any accident, injury, damage or loss incurred or suffered by any third party resulting from any acts or actions on my part or by anyone in my charge, whether such acts were intentional, accidental or negligent which caused or contributed to the cause of such accident, injury, damage, or loss incurred or suffered by such third party. I do hereby certify that I have read the foregoing and agree to same and further agree to abide by all the rules and regulations of the San Angelo Rodeo Association and state that I am qualified therein.

The Sante Fe Trail ride committee attempts to provide all relative information available to increase the safety of the animals in the event. Herd health becomes a concern with the comingling of bovine, equine, and canine animals that have not been in contact with OTHER animals. It is suggested each participant prepare their animals through vaccinations, proper sanitation of pens, watering buckets, trailers, and any item that may come in contact with multiple animals during the ride. With constant exposure to multiple animals daily, we suggest all participants review the trail route, vaccinate, and come to the event in the best possible preventative shape for participation.

Equine: [aaep.org](http://aaep.org) The American Association of Equine Practitioners. Core and Risk-based vaccine guidelines.

Bovine: [www.aphis.usda.gov/](http://www.aphis.usda.gov/) Cattle vaccine guidelines.

Canine: [aaha.org](http://aaha.org) AAHA Canine Vaccination Guidelines

These guidelines are intended to be a reference for veterinarians who utilize vaccines in their respective practices. They are neither regulations nor directives and should not be interpreted as such. It is the responsibility of attending veterinarians, through an appropriate veterinarian-client-patient relationship, to utilize relevant information coupled with product availability to determine optimal health care programs for their patients. Based on the professional judgment of those involved with the development of these guidelines, the recommendations for vaccine administration in this document may differ from the manufacturer's recommendation. However, it is incumbent on each individual practitioner to reach a decision on vaccine usage based on the circumstances of each unique situation and his or her professional experience.

Name (Print) \_\_\_\_\_

Name (Signature) \_\_\_\_\_

Date \_\_\_\_\_

**Parents' Permission Form**

**All applicants under 18 years of age must have a sponsor or parent to ride with them and application must be signed by parent or guardian**

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents' or Guardians' Names: \_\_\_\_\_

Phone: \_\_\_\_\_

Sponsors' Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Signed: \_\_\_\_\_

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