

# RELEASE

For and in consideration of the privilege of participating in and as a condition for membership in the 2024 South Texas Trail Riders, Inc., I hereby assume all risk of personal injury or damage to me, my property and my livestock, and hereby release the San Antonio Livestock Show & Rodeo Association, the South Texas Trail Riders, Inc. and any other organization or individual in charge of or connected with the San Antonio Livestock Show & Rodeo, the South Texas Trail Riders, Inc., 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 or care no matter what the nature or cause and I further agree to indemnify and hold harmless the San Antonio Livestock Show & Rodeo Association, the South Texas Trail Riders, Inc., from any and all damages, cost, charges, expenses, legal fees or any other loss or expense incurred by said organization(s) or the individuals 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 in 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 suggested 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 of the rules and regulations of the South Texas Trail Riders, Inc., and state that I am qualified for membership therein.

NAME (PRINT) \_\_\_\_\_ SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

## PARENTS PERMISSION FORM

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 (AS OF JANUARY 1, 2024) \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

PARENT'S OR GUARDIAN'S NAMES \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_

SPONSORS'S NAME (PRINT) \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_

SIGNED \_\_\_\_\_ PHONE (\_\_\_\_\_) \_\_\_\_\_

## 2024 REGISTRATION FORM

- ALL EQUINE ARE SUBJECT TO APPROVAL BY THE EQUINE WELFARE COMMITTEE AT ANY TIME DURING THE RIDE.

**ONLY ONE APPLICANT PER FORM**

PLEASE TYPE OR PRINT

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NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE / ZIP \_\_\_\_\_

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

CELL PHONE (\_\_\_\_\_) \_\_\_\_\_

E-MAIL \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

**MAKE CHECKS PAYABLE TO:  
SOUTH TEXAS TRAIL RIDERS, INC  
P.O. BOX 261307, CORPUS CHRISTI, TX 78426**

### WEEKLY RATE (INCLUDES MEMBERSHIP)

ADULT (18 yrs. and over)	\$60.00	\$ _____
MINOR (6 yrs. to 17 yrs.)	\$20.00	\$ _____
CHILD (5 yrs. and under) application required	-0-	\$ <b>FREE</b>

### WEEKEND RATE (DOES NOT INCLUDE MEMBERSHIP)

**1ST WEEKEND ONLY (FEB 2-5 2024)**

ADULT (18 yrs. and over)	\$40.00	\$ _____
MINOR (6 yrs. to 17 yrs.)	\$15.00	\$ _____
CHILD (5 yrs. and under)	-0-	\$ <b>FREE</b>

### SHUTTLE PASS (OPTIONAL / IF AVAILABLE) PER RIG

\$60.00 \$ \_\_\_\_\_

### S.T.T.R SCHOLARSHIP DONATION

\$ \_\_\_\_\_

### 3.5% CHARGE WITH CARD

\$ \_\_\_\_\_

### TOTAL AMOUNT ENCLOSED

\$ \_\_\_\_\_

What year did you join STTR? \_\_\_\_\_

Who Brought You Back to STTR? \_\_\_\_\_

**EVERY EQUINE MUST HAVE A NEGATIVE COGGINS TEST.**

Number of vehicles in your party.

RIDER     NON-RIDER     WAGON DRIVER     WAGON RIDER