



**Humane Society of North Texas**

**HD RANCH TRAIL RIDE BENEFIT**  
**REGISTRATION FORM**



**Complete the information FOR EACH VEHICLE.**

Drivers Name: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Telephone: \_\_\_\_\_  
(Day) (Evening)

Email Address: \_\_\_\_\_

In an Emergency: \_\_\_\_\_  
(Name) (Relationship) (Emergency Phone Number)

**\*\*Is this person present at this event? \_\_\_\_ Yes \_\_\_\_ No**

Please indicate the number of attendees in your party: Riding: \_\_\_\_\_ Not Riding: \_\_\_\_\_

**(The \$25 fee is only required for those who will be joining the ride and kids under 12 are free)  
(Donation requested and appreciated for non riders)**

Please describe the trailer: \_\_\_\_\_

Vehicle description: \_\_\_\_\_ License Plate No.: \_\_\_\_\_ State: \_\_\_\_\_

Where did you hear about our ride? \_\_\_\_\_

Would you like information on future rides?  Yes  No

Would you like information about horses available for adoption?  Yes  No

Would you like to receive HSNT's newsletter?  Yes  No



**RELEASE OF LIABILITY**  
**HD RANCH**  
**HOWARD AND SHERRY DUDLEY**  
**BUDDY AND SARAH SHEPARD**  
**HUMANE SOCIETY OF NORTH TEXAS (HSNT)**

I, the undersigned, wish to participate in the **HD RANCH BENEFIT TRAIL RIDE EVENT.**

I understand that during portions of this event I will be in close proximity to one or more horses under circumstances which may expose me to some risk of injury because of the nature of horses, the facility, and the activities in which I will be engaged.

In consideration of the **HUMANE SOCIETY OF NORTH TEXAS (HSNT)** and owners of the **HD RANCH**, allowing my participation in this event, I, on behalf of myself and my heirs, administrators, personal representatives, assigns, children and spouse, if any, do hereby agree to hold harmless, release and discharge the **HUMANE SOCIETY OF NORTH TEXAS (HSNT)** and owners of the **HD RANCH**, which includes its officers, directors, members, agents, representatives, affiliates and insurers, of and from all claims, demands, causes of actions and legal liability whether known or unknown, anticipated or unanticipated, due to the ordinary negligence of the **HUMANE SOCIETY OF NORTH TEXAS (HSNT)** and owners of the **HD RANCH**. I shall not bring any claims, demands, legal action or causes of action against the **HUMANE SOCIETY OF NORTH TEXAS (HSNT)** and owners of the **HD RANCH** for any damage or loss due to bodily injury, death, or property damage arising out of my participation in this event.

**Warning**

Under Texas Law, (Chapter 87, Civil Practice and Remedies Code), an Equine Professional is not liable for any injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

1. Print Name of Participant: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

Horse: \_\_\_\_\_ Payment: \_\_\_\_\_ ck\_\_ cash\_\_ cc

2. Print Name of Participant: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

Horse: \_\_\_\_\_ Payment: \_\_\_\_\_ ck\_\_ cash\_\_ cc

3. Print Name of Participant: \_\_\_\_\_

Signature of Participant: \_\_\_\_\_

Horse: \_\_\_\_\_ Payment: \_\_\_\_\_ ck\_\_ cash\_\_ cc

**Signature of Parent or Guardian if participant is a minor:** \_\_\_\_\_

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

\_\_\_\_\_



## *HD Ranch Benefit Trail – Ride Rules and Information*

All participants will be under the supervision of the **Trail Boss and Scouts**.

All participants **must be registered to join the Trail Ride and possess the identifying band to continue on**. Name badges were issued at registration and need to be worn to all events and on the ride.

**No one under the age of 18 will be permitted on the Trail Ride without a parent or guardian present**. Parents should use discretion when including children less than 18 years old. Children are the direct responsibility of their parent/guardian.

**No glass containers allowed! No adults riding double. No harassing cattle.**

**No stallions or mares with colts** will be permitted on the trail Ride. It is the owner's discretion of the age of the horse to be ridden, but it is the committee's recommendation that the horse's maturity and durability be strongly considered. We are climbing up and down and cover rough terrains. Bright colored ribbons must be worn on the tail of all **"kickers"**. Riders with green horses should alert the scouts or Trail Boss **No loose horses will be permitted. Horses may be "stalled" in temporary or portable corral panels..** You are responsible for bringing halters and lead ropes with snap fasteners for your horse.

**Each rider is responsible for feeding and watering their horse daily**. Hay will be available for sale by bale only. Past experience has demonstrated that well fed horses have fewer tendencies to quarrel with their neighbors at night. Water will be available.

**No "horseplay"** that could create a dangerous situation for the Trail Ride will be tolerated. Abuse of animals or reckless behavior or **refusal to abide by the rules will result in dismissal**.

Appropriate footwear, dress, manners, language, and horsemanship are required of all participants. **Safety helmets are recommended, but not required.**

**People are responsible for cleaning up after themselves and pets**. All trash must be carried to proper receptacles. This is very important to other members of the group and especially to our hosting landowners. All dogs must be on a leash and no pets on the trail ride.

In camp use extra care when smoking and be sure to **extinguish all cigarettes and deposit butts in the provided containers**. No personal campfires allowed but everyone is invited to enjoy the community bonfire on Saturday night.

Parties will maintain a reasonably quiet camp after 11:30 p.m.

The only motorized vehicles following the Trail Ride are official emergency and support vehicles.

**Riders are not to bring firearms** or fireworks on the Trail Ride. We have security available on the ride and at camp.

**Our food vendors are cash only.**

Be courteous and thankful to the environment and the private landowners, we are their guests.

They have made the trail ride possible and beautiful.

**An additional donation is appreciated – after all it's for a good cause!**

**Please contribute directly with check, cash, or credit card**

**By signing, you acknowledge that you have read, understand, and agree to abide by the Rules and Regulations:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# MEDICAL RELEASE FORM

EVENT: \_\_\_\_\_

I, **(CIRCLE ONE)** Parent or Guardian/Myself, HEREBY GIVE PERMISSION FOR ANY AND ALL MEDICAL ATTENTION TO BE ADMINISTERED TO **(Child's name/Your name)** \_\_\_\_\_ IN THE EVENT OF ACCIDENT, INJURY, ILLNESS, ETC. I ALSO ASSUME THE RESPONSIBILITY FOR THE PAYMENT OF SUCH TREATMENT.

THIS RELEASE IS EFFECTIVE FOR THE PERIOD OF ONE YEAR GIVEN FROM THE DATE BELOW.

YOUR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

IN CASE I CANNOT BE REACHED, ANY OF THE FOLLOWING PERSONS ARE DESIGNATED TO ACT ON MY BEHALF, UNTIL SUCH TIME AS I MAY BE CONTACTED. (LIST CONTACT PERSON AND ALL CONTACT NUMBERS)

NAME: \_\_\_\_\_ CONTACT NO: \_\_\_\_\_

NAME: \_\_\_\_\_ CONTACT NO: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

KNOWN ALLERGIES: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**(PARENT/GUARDIAN IF UNDER 18)**

I understand that during portions of this event I will be in close proximity to one or more horses under circumstances which may expose me to some risk of injury, because of the nature of horses, the facility and the activities in which I will be engaged.

AGENCY: HUMANE SOCIETY OF NORTH TEXAS  
1840 EAST LANCASTER  
FORT WORTH, TEXAS 76103