



**Montana Reins of Hope  
Wild2Ride Summer Intensive Application**

**Applicant**

Name: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

**Emergency Contact**

Name: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Relation to Applicant: \_\_\_\_\_

Desired Week of Summer Intensive: \_\_\_\_\_



By signing below, applicant understands that:

- Payment is due prior to participation in Wild2Ride Academy
- Video/audio recording is encouraged for personal use only and may not be posted to social media or used for any other purpose without the written permission of Wild2Ride Academy Director. Still photos are permitted and may be used on social media.
- Smoking is not permitted on the ranch at any time.
- Dogs are not permitted, except certified service dog (please notify office ahead of time)

Signature of Applicant: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

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

I give permission for Montana Reins of Hope/Wild2Ride to use photo/images of my participation in Wild2Ride Academy for marketing purposes (social media, brochures, flyers).

Yes

No

Signature/Date: \_\_\_\_\_

Please return to:

Melinda Corso

[Info@montanareinsofhope.com](mailto:Info@montanareinsofhope.com)

p.406-360-8856