## THE LAST RIDER - CASTING APPLICATION

Thank you for your interest in The Last Rider. This is not just a reality competition, it is a once-in-a-lifetime experience that will push you mentally, emotionally, and physically. Please complete this application carefully and honestly. Incomplete applications may not be considered.

SECTION	1 – PERSONAL INFORMATION
•	Full Legal Name:
•	Age:
•	Gender:
•	Current City & Country of Residence:
•	Place of Birth:
SECTION	2 – CONTACT INFORMATION
•	Phone Number:
•	
•	Social Media Handles (optional):
SECTION	3 - MEASUREMENTS
•	Height: ft in (or cm)
•	Weight: lbs (or kg)
•	Clothing Size (Shirt/Jacket):
•	Clothing Size (Jeans):
•	Boot Size:
•	Hat Size (if known):
SECTION	4 - HEALTH & SAFETY
•	Do you have any current or past medical conditions that may limit
	participation in physical activities (e.g., horseback riding, running, lifting,
	camping outdoors)?
	□ Yes □ No
	If yes, please explain:

	•	Do you have any allergies (food, medication, animals, insects, etc.)?  ☐ Yes ☐ No
		If yes, please list:
	•	Are you currently taking any medications?
		□ Yes □ No
		If yes, please list:
	•	Do you have any physical injuries, disabilities, or conditions that
		production should be aware of?
		□ Yes □ No
		If yes, please explain:
SEC <sup>-</sup>	TION	I 5 – IMMIGRATION & LEGAL STATUS
	•	Year of Immigration to U.S. (if applicable):
	•	Current Legal Status:   Citizen   Permanent Resident/Green Card
		□ Visa Holder □ Refugee/Asylum □ Other:
	•	Are you legally authorized to work and appear on U.S. television?  ☐ Yes ☐ No
	•	Passport Status: □ Valid □ Expired □ None
SEC	TION	I 6 – PERSONAL BACKGROUND
	•	Current Occupation / What You Do for a Living:
	•	Immigration Story: (Briefly share your journey from Iran.)
	•	Languages Spoken:

•	Describe yourself in 3 words:
•	What is the biggest challenge you've faced in life?
•	What would your friends say is your strongest quality?
•	What would they say is your weakness?
•	Why do you want to be part of The Last Rider?
SECTION 8	- PHYSICAL & EMOTIONAL READINESS
•	Are you comfortable living outdoors in tents for 7 days? □ Yes □ No  Are you comfortable being around horses? (No experience required)  □ Yes □ No
•	Any health or medical conditions we should know about?
SECTION 9	- FOOD & COMFORT CHALLENGES
•	Are you able to go without your usual food, snacks, or drinks for a week? $\hfill \Box$ Yes $\hfill \Box$ No
•	Do you have any dietary restrictions or allergies? If yes, please explain:
•	What food or comfort item would you miss most during the week?
•	How do you react when you're hungry, tired, or uncomfortable?

**SECTION 7 - PERSONALITY & STORY** 

## **SECTION 10 - MEDIA SUBMISSIONS**

- Upload a recent photo (headshot or selfie is fine)
- Upload an up to 3-minute video introducing yourself. In the video, please include:
- Who you are
- Why you should be chosen
- What scares you most about this experience

## **FINAL AGREEMENT**

By signing below, I confirm that:

- 1. I consent to appear on film, television, and digital media if selected.
- 2. I confirm that all information provided in this application is true and accurate.
- 3. I understand that false or misleading information may disqualify me from consideration.

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Signature:	Date: