

Kirkwood Sierra Outfitters (KSO)/Kirkwood Stables

Acknowledgement of Risks • Acceptance of Responsibility

Release of Liability

A) I, _____, ACKNOWLEDGE the significant element of risk in any adventure, sport, or activity associated with the outdoors, wildlife, livestock and horses. Knowing and accepting personal responsibility for the inherent risks, dangers, and rigors involved in the activities of Kirkwood Sierra Outfitters(KSO)/Kirkwood Stables I certify that my family and I, including any minor children, are physically fit and fully capable of participating in these activities.

INITIAL HERE: _____

B) I UNDERSTAND AND ACCEPT the right of Kirkwood Sierra Outfitters(KSO)/Kirkwood Stables, to reserve the right to refuse service to any person it judges to be incapable of meeting the rigors and requirements of participating in these activities., and has the right to end ride at any time.

INITIAL HERE: _____

C) I AGREE TO INDEMNIFY, RELEASE, AND HOLD HARMLESS Kirkwood Sierra Outfitters(KSO)/Kirkwood Stables, their families, officers, agents, and employees, from any claims, actions, or liabilities, including those based on alleging negligence, as well as reasonable attorney's fees, for any incident or harm of any kind which may occur while participating in this activity.

INITIAL HERE: _____

D) INHERENT RISKS, ASUMPTION OF RISKS, I/WE ACKNOWLEDGE THAT: wilderness experience participation in any mountain environment and in nature has natural hazards sights and sounds that may become dangerous, such as irregular footing, logs, rocks, low branches, bees, insects, wildlife, in elevations of 7000 feet to 9300 feet. Trails are shared by hikers, sightseers, motorized vehicles, mountain bikes, as well as other equestrians, llamas, cattle.

INITIAL HERE: _____

E) PROTECTIVE HEADGEAR HAS BEEN OFFERED TO ME AND TO MY FAMILY and I fully understand that it is mandatory to wear protective headgear at this stable for persons under eighteen.

INITIAL HERE: _____

PRINT PARTICIPANTS NAME: _____ AGE ____ WT ____

Participants horseback riding experience:

Ridden 0-5 times: _____ Ridden 5-20 times: _____ Ridden + 20 times: _____

I, THE UNDERSIGNED, HAVE READ AND UNDERSTOOD THE LIABILITY RELEASE AGREEMENT SET FORTH ABOVE, AND I AGREE THAT IT IS BINDING ON ME, MY HEIRS, GUARDIANS, ASSIGNS, AND LEGAL REPRESENTATIVES, AS WELL AS UPON MY CHILD(REN). ALL INFORMATION PROVIDED BY ME IS TRUE AND ACURATE.

X _____ / _____
SIGNATURE OF PARTICIPANT, CUSTOMER, PARENT OR LEGAL GUARDIAN / DATE

X _____ / _____ (_____
SIGNATURE OF SECOND PARENT OR LEGAL GUARDIAN FOR MINOR / DATE

X _____ / _____
I AM SOLE RESPONSIBLE PARENT OR LEGAL GUARDIAN OF THIS MINOR/ DATE

Please completely fill out the information below:

Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____ Daytime Phone: _____

Email: _____ Emergency Contact: _____ Phone: _____