

MCGEE CREEK PACK STATION, LLC

For Office Use only:

Party Name:	Phone #:
Date: Time:	# of riders in group:
Ride:	Paid:
Lead Guide:	Tail Guide:

I have read, understood, and accepted the terms & conditions stated herein (on reverse) and acknowledge that this agreement shall be binding upon myself, my heirs, assigns, personal representatives, and estate, and for all members of my family including minors accompanying me. Every participant or user must be listed below. Every participant or user, 18 years of age or older, must sign opposite his/her name or that of any children for which he/she is responsible, prior to participation in the activity or use of any equipment or animal.

1. NAME (print) _____ Signature _____

If participant is under 18, Parent or legal Guardian must sign here: _____

During the past year, I have ridden a saddle animal _____ times. Age: _____ Height: _____ Weight: _____

Riding experience level: None Limited Moderate Experienced

Emergency Contact (name & phone): _____

Any accommodations needed for your ride today? _____

List known allergies to plants, insects or medications: _____

Describe if currently under a doctor's care or taking prescribed medications: _____

Helmet declined (Initials: ____/name: _____)(riders 17 and under are required to wear a helmet)

2. NAME (print) _____ Signature _____

If participant is under 18, Parent or legal Guardian must sign here: _____

During the past year, I have ridden a saddle animal _____ times. Age: _____ Height: _____ Weight: _____

Riding experience level: None Limited Moderate Experienced

Emergency Contact (name & phone): _____

Any accommodations needed for your ride today? _____

List known allergies to plants, insects or medications: _____

Describe if currently under a doctor's care or taking prescribed medications: _____

Helmet declined (Initials: ____/name: _____)(riders 17 and under are required to wear a helmet)

3. NAME (print) _____ Signature _____

If participant is under 18, Parent or legal Guardian must sign here: _____

During the past year, I have ridden a saddle animal _____ times. Age: _____ Height: _____ Weight: _____

Riding experience level: None Limited Moderate Experienced

Emergency Contact (name & phone): _____

Any accommodations needed for your ride today? _____

List known allergies to plants, insects or medications: _____

Describe if currently under a doctor's care or taking prescribed medications: _____

Helmet declined (Initials: ____/name: _____)(riders 17 and under are required to wear a helmet)

4. NAME (print) _____ Signature _____

If participant is under 18, Parent or legal Guardian must sign here: _____

During the past year, I have ridden a saddle animal _____ times. Age: _____ Height: _____ Weight: _____

Riding experience level: None Limited Moderate Experienced

Emergency Contact (name & phone): _____

Any accommodations needed for your ride today? _____

List known allergies to plants, insects or medications: _____

Describe if currently under a doctor's care or taking prescribed medications: _____

Helmet declined (Initials: ____/name: _____)(riders 17 and under are required to wear a helmet)

5. NAME (print) _____ Signature _____

If participant is under 18, Parent or legal Guardian must sign here: _____

During the past year, I have ridden a saddle animal _____ times. Age: _____ Height: _____ Weight: _____

Riding experience level: None Limited Moderate Experienced

Emergency Contact (name & phone): _____

Any accommodations needed for your ride today? _____

List known allergies to plants, insects or medications: _____

Describe if currently under a doctor's care or taking prescribed medications: _____

Helmet declined (Initials: ____/name: _____)(riders 17 and under are required to wear a helmet)

6. NAME (print) _____ Signature _____

If participant is under 18, Parent or legal Guardian must sign here: _____

During the past year, I have ridden a saddle animal _____ times. Age: _____ Height: _____ Weight: _____

Riding experience level: None Limited Moderate Experienced

Emergency Contact (name & phone): _____

Any accommodations needed for your ride today? _____

List known allergies to plants, insects or medications: _____

Describe if currently under a doctor's care or taking prescribed medications: _____

Helmet declined (Initials: ____/name: _____)(riders 17 and under are required to wear a helmet)

7. NAME (print) _____ Signature _____

If participant is under 18, Parent or legal Guardian must sign here: _____

During the past year, I have ridden a saddle animal _____ times. Age: _____ Height: _____ Weight: _____

Riding experience level: None Limited Moderate Experienced

Emergency Contact (name & phone): _____

Any accommodations needed for your ride today? _____

List known allergies to plants, insects or medications: _____

Describe if currently under a doctor's care or taking prescribed medications: _____

Helmet declined (Initials: ____/name: _____)(riders 17 and under are required to wear a helmet)

MCGEE CREEK PACK STATION, LLC

Visitor's Assumption of Risk (page 1 of 2)

WARNING: There are significant elements of risk in any adventure sport or activity associated with the outdoors or wilderness, riding saddle animals (including but not limited to horses, mules and burros) and riding in or upon any buggy, carriage, coach, sleigh, and/or wagon, whether drawn by animal or motorized vehicle (referred to herein as "activity", and the use of any related equipment.

In consideration of the services of MCGEE CREEK PACK STATION, LLC their owners, agents, employees, and stockholders, and all other persons or entities associated with those businesses (hereinafter collectively referred to as "the concessionaire"), I agree as follows:

Although the concessionaire has taken reasonable steps to provide you with appropriate equipment and/or skilled guides so you can enjoy an activity for which you may not be skilled, we wish to remind you this activity is not without risk. Certain risks cannot be eliminated without destroying the unique character of the activity. The same elements that contribute to the unique character of the activity can be causes of loss or damage to your equipment or accidental injury, illness, or in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for this activity, but we do think it is important for you to know in advance what to expect and to be informed of the inherent risks. The following describes some, but not all, of those risks:

- 1) Falls, collision, overturn of conveyance or injury resulting from uneven, unstable, wet or slippery ground or road surfaces; manmade or natural objects in, upon or overhanging the ground, trail or roadway including trees, branches, rocks, stones, gravel, mud, and water.
- 2) Inclement weather, thunder and lightning, variances and severity of wind, temperature and weather conditions.
- 3) The noise of motorized and non-motorized vehicles, people, other horses and riders.
- 4) Movement, noise, and contact with objects which may frighten or cause an animal to rear, buck, bolt, run, kick, bite, or otherwise move unpredictably and with force.
- 5) Animals which act unpredictably. Because of this unpredictability, no warranty of any kind, express or implied, is being made as to the habits, disposition, suitability, nature or physical condition of any animal.
- 6) Risks associated with approaching, handling, mounting, riding, and dismounting a saddle animal, your ability to control or direct an animal, equipment failure, and the speed at which you travel or ride.

I am aware that this activity entails risks of injury or death to myself. I understand the description of these risks is not complete and that other unknown or unanticipated risks may result in injury, illness, or death. I agree to assume responsibility for the risks identified herein and those risks not specifically identified. My participation in this activity is purely voluntary. No one is forcing me to participate, and I elect to participate in spite of the risks.

I possess at least the following qualifications, which I understand are prerequisites to participate in this activity:

- a. I am (we are) physically and mentally capable of participating in the activity and using the equipment. I have not used any mind-altering substances, (inc. but not limited to drugs, alcohol, etc.); Further, mind-altering (legal or illegal) substances are not permitted before or during this activity.
- b. I am (we are) safety conscious and acknowledge that wearing an approved safety helmet is a basic safety precaution and can help prevent head injury. I am not incapacitated physically or mentally in any way.
- c. I acknowledge that if, during the activity, I/we experience fatigue, chill and/or dizziness, due to my use of mind-altering substances my/our reaction time may be diminished and the risk of accident, increased, for which I am fully responsible.

(continued on next page)

MCGEE CREEK PACK STATION, LLC

Visitor's Assumption of Risk (page 2 of 2)

I understand that this activity is classified as an "ADVENTURE RECREATION SPORT ACTIVITY", I also understand that I am participating in a "WILDERNESS EXPERIENCE", defined as "ALL ADVENTURE ACTIVITY IN A WILD, RUGGED AND UNCULTIVATED AREA OR REGION, SUCH AS FOREST and/or HILLS and/or MOUNTAINS and/or PLAINS and/or WETLANDS, WHICH WOULD LIKELY BE UNINHABITED BY PEOPLE AND INHABITED BY WILD ANIMALS OF MANY TYPES AND SPECIES INCLUDING BUT NOT LIMITED TO MAMMALS, REPTILE AND INSECTS. THESE ANIMALS ARE NOT TAME AND MAY BE SAVAGE, UNPREDICTABLE AND WANDERING AT THEIR WILL". I ALSO UNDERSTAND THAT THERE ARE INHERENT ELEMENTS OF RISK ALWAYS PRESENT IN "ADVENTURE RECREATION SPORT ACTIVITY", DESPITE ALL SAFETY PRECAUTIONS. I certify that I am (we are) fully capable of participating in this activity. Therefore, I assume full responsibility for myself, including any minor children in my care, custody or control for bodily injury, accidents, death or loss of personal property and expenses as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, as a result of my/our negligence in participating in this activity except to the extent such damage or injury may be due to the negligence of MCGEE CREEK PACK STATION, LLC, its members, directors, agents, servants, employees, and all other persons or entities associated with that business.

I have read, understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be binding upon myself, my heirs, assigns, personal representative, and estate, and for all members of my family including any minors accompanying me.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Signature(s)

Date

Signature of Parent or Guardian, if participant is under 18 years of age.

1. _____
2. _____

Signature(s)

Date