

# Hartman Outfitters

## Reservation Form

Colorado License #422 . Operating under San Juan National Forest Permit

### Personal Information

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: \_\_\_\_\_  
E-Mail \_\_\_\_\_  
Your weight \_\_\_\_\_ Height \_\_\_\_\_ Age \_\_\_\_\_  
Occupation \_\_\_\_\_

### Select Your Elk Hunt and Dates

#### Archery

- September Hunt 1--Aug 26--Sept 2 (opening day of Hunt starts Aug 28)
- September Hunt 2--Sept 17--Sept 23

#### Muzzle Loading / Black Powder

- September 8--Sept 16 (opening day of Hunt starts Sept 11)  
(must enter April 1st lottery drawing for elk license)

#### Regular Rifle

- First season October 6--14 (Opening Day of hunt starts Oct 9)  
(must enter April 1st lottery drawing for elk license)
- Second season October 14 - 21 (opening day of hunt starts Oct 16)  
(license bought over the counter before hunt starts)

### Riding & hunting Experience

No previous riding experience is needed, but It is highly recommended that before your trip, you familiarize yourself with horses and get a little riding experience Before coming on our trip

Please explain your horsemanship background and any camping you have done in the past:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What type of gun do you shoot? \_\_\_\_\_

What level of shooter are you? \_\_\_\_\_

Describe your hunting experience \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you ever killed an elk? \_\_\_\_\_ How may? \_\_\_\_\_

### Medical Information

#### WE RECOMMEND SEEING A DOCTOR AND HAVING A COMPLETE PHYSICAL BEFORE YOUR TRIP

Do you exercise and how frequently \_\_\_\_\_

\_\_\_\_\_  
Have you had any recent exercise testing? (i.e., treadmill; if so, date and results) \_\_\_\_\_

Do you smoke? \_\_\_\_\_ If so, frequency: \_\_\_\_\_

Daily alcohol consumption \_\_\_\_\_

Rate your current physical condition (i.e., poor, fair, good, excellent) \_\_\_\_\_

Prior and current medical, surgical and psychiatric treatment: \_\_\_\_\_

\_\_\_\_\_

Medical devices and/or prosthetics you will be using on your trip (contact lenses, pacemaker): \_\_\_\_\_

\_\_\_\_\_

Do you have any allergies? If so, to what? \_\_\_\_\_

Person to notify in case of emergency \_\_\_\_\_

Telephone \_\_\_\_\_

Personal Physician \_\_\_\_\_

Telephone: \_\_\_\_\_

**I have completed this form, in full, and to the best of my knowledge.**

**I have read and completely understand the cancellation policy**

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Parent or Guardian signature for persons under 18 years of age.)

How did you come to book or hear of our services?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Must also sign the Liability release form attached below  
(scroll down)**

**Hartman Outfitters**  
**Release and Waiver of Liability,**  
**Assumption of Risk and Indemnity Agreement**

READ THIS AGREEMENT CAREFULLY BEFORE SIGNING IT. YOUR SIGNATURE INDICATES THAT YOU UNDERSTAND IT AND AGREE TO its TERMS. BY SIGNING THIS AGREEMENT, YOU (AND YOUR CHILD) ARE GIVING UP CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE OR RECOVER DAMAGES IN CASES OF INJURY, DEATH OR PROPERTY DAMAGES, FOR ANY REASON, INCLUDING BUT NOT LIMITED TO, THE NEGLIGENCE OF THE STABLE, OUTFITTING BUSINESS, IT'S OWNER, EMPLOYEES AND AGENTS (THE "RELEASES"). THIS RELEASE IS MADE PURSUANT TO ARIZONA REVISED STATUTE 12-553.

I \_\_\_\_\_, on behalf of myself (and my minor child \_\_\_\_\_  
\_\_\_\_\_) reside at \_\_\_\_\_  
(Street address) \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_,  
(City) (State) (Zip)

In consideration for allowing me (or my minor child) to handle and ride a horse and on behalf of myself, my child or our personal representatives, heirs, next-of-kin, spouses and assign, I HEREBY:

1. Acknowledge that a horse or mule may, without warning or any apparent cause, buck, stumble, trip, roll, fall rear, bite, kick, run, make unpredictable movements, spook, jump obstacles, step on a person's feet, push or shove a person, saddles or bridles may loosen or break----all of which may cause the rider to fall to the ground or be jolted, resulting in serious injury or death.
2. ACKNOWLEDGE THAT HORSEBACK RIDING IS AN INHERENTLY DANGEROUS ACTIVITY AND INVOLVES RISKS THAT MAY CAUSE SERIOUS INJURY AND IN SOME CASES DEATH, because of the unpredictable nature and irrational behavior of horses, regardless of the extent of their training and past performance.
3. Acknowledge and willingly assume and accept full responsibility for all risk to personal safety and welfare including danger of injury or death inherent in the handling or riding of the horse, and use of saddles, bridles, equipment and gear provided by the Releases.
4. Release, discharge and promise not to sue the releases for any loss, damage, injury (including death) or cost to my or my child's person or property arising out of tiding or handling a horse, or use of saddles, equipment or gear provided by the Releases.
5. Release the Releases from any claim that the Releases were negligent I connection with my or my child's riding a horse, including but not limited to, training or selection horses, maintenance, care, fit or adjusting of saddles or bridles, instruction on riding skills or leading and supervising riders, which resulted in loss, damage, injury or death.
6. Indemnify, and save and hold harmless the Releases from and against any loss, liability, damage or cost they may incur arising out of or in any way connected with either my or my child's handling or riding the horse and/or use of any saddles, bridles, equipment or gear provided therewith resulting from or contributed to by my own negligence.
7. Expressly agree that the foregoing release and assumption of risk, and indemnity agreement is governed by the laws of the State of Arizona and Colorado and is intended to be as broad and inclusive as is permitted by Arizona and Colorado Law, and that in the event any portion of this Agreement is determined to be invalid or unenforceable for any reason, the

balance of the Agreement shall not be affected or impaired in any way and shall continue in full legal force and effect.

8. This Agreement does not release or waive Releases' Liability or assume the risk of or indemnity Releases for grossly negligent, willful, wanton or intentional acts or omissions of Releases.

9. Acknowledge that this document is a contract and agree that if a lawsuit is filed against the Releases for any injury or damage in breach of this contract, I will pay all attorneys' fees and costs incurred by the Releases in defending such an action.

10. IT IS RECOMMENDED THAT I, MY CHILD AND ALL RIDERS WEAR A PROTECTIVE HELMET, IT IS MY UNDERSTANDING THAT A PROTECTIVE HELMET IS AVAILABLE AND HAS BEEN OFFERED FOR MY OWN OR MY CHILD'S SAFETY,

I (and for my child) decline to wear a helmet (please initial here); \_\_\_\_\_

11. If the person who is to enter into this Agreement is under eighteen (18) years of age, his/her parent or guardian must read this Agreement and sign below on behalf of the minor,

I have read this document. I understand it is a promise not to sue and to release the stable, Outfitter, its owners, employees and agents for all claims, I have made agree and deliberate choice to sign this Release and Waiver as a condition to Releases allowing me or my child to ride or handle a horse. I have concluded that the risks involved and the release and waiver of liability is worth the pleasure of the horseback riding experience.

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DATE

SIGNATURE

**Please print out this form And Liability form and send it to the address below.**

**Mail check & Signed forms to Winter Address below**

Hartman Outfitters

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Flagstaff Ariz 86001

928-774-1719

[colorado@hartmanoutfittes.com](mailto:colorado@hartmanoutfittes.com)