

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 Trip and dates

Dates open at this time--Guests arrive on the Sat before date posted

- July 18-23
- Aug 1st-6th
- Aug 15th-20th
- Sept 26th-Oct 1st (fall Color trip)

Riding 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:

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: _____

Special Requests (dietary or other): _____

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.

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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928-774-1719

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