HORSE RENTAL, EQUESTRIAN, GUIDE & OUTFITTER SERVICES AGREEMENT, LIABILITY RELEASE, AND ASSUMPTION OF RISK AGREEMENT

[FOR FAMILIES OF ADULTS AND THEIR LEGAL MINOR AGE CHILDREN AND / OR LEGAL WARDS]

Brushy Creek Lodge: Resort / Brushy Creek Outdoor Advantures

STABLE / OPERATOR NAME, hereinafter known as "THIS STABLE".

420 County Rd 831 Black, Mo. 63625

Location or Address of THIS STABLE

READ CAREFULLY AND COMPLETE ALL SECTIONS BEFORE SIGNING

A. REGISTRATION OF PARTICIPANT AND AGREEMENT PURPOSE I, the following listed individual, and the parents or legal guardians thereof if a minor, do hereby voluntarily agree to participate in horse rental services and / or equestrian services and / or guide and outfitter services provided by THIS STABLE.

1" ADULT PARTICIPANT NAME (Please Print Name)	AGE (If under 18)	HEIGHT & WEIGHT	Н	ORSE RIDING EXPERIENCE (Check one that applies)
	2. Age 3. Date of Birth	4. HT'" 5. WT#	6	BEGINNER (under 10 hot OVER 10 HOURS
Does participant have any physical or mental conditions of the second of	eant with his / her special needs	?		x
My medical insurance company is	My policy n	77	1100 <u>91141</u>	I do not carry medical insura
2 rd ADULT PARTICIPANT NAME (Please Print Name)	AGE (If under 18)	HEIGHT & WEIGHT	Н	ORSE RIDING EXPERIENCE (Check one that applies)
	2. Age 3. Date of Birth	4. HT'_" 5. WT#	6	BEGINNER (under 10 hot OVER 10 HOURS
If you circled "YES", how can we help this particip 1" MINOR PARTICIPANT NAME (Please Print Name)	AGE (If under 18)	HEIGHT &	Н	ORSE RIDING EXPERIENCE
		WEIGHT		(Check one that applies)
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