

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

420 County Rd 831 Block, 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 <sup>st</sup> ADULT PARTICIPANT NAME (Please Print Name)	AGE (If under 18)	HEIGHT & WEIGHT	HORSE RIDING EXPERIENCE (Check one that applies)
1.	2. Age _____ 3. Date of Birth _____	4. HT ' _ " _____ 5. WT _____#	6. _____ BEGINNER (under 10 hours) _____ OVER 10 HOURS
7. Does participant have any physical or mental condition(s) that may affect his / her safety and ability to ride a horse? YES NO (circle one) 8. If you circled "YES", how can we help this participant with his / her special needs?			
9. <b>MEDICAL INSURANCE</b> I / WE AGREE THAT: Should medical treatment be required, I and / or my medical insurance shall pay for ALL such incurred expenses. ➔ My medical insurance company is _____ My policy number is _____ <input type="checkbox"/> I do not carry medical insurance.			
2 <sup>nd</sup> ADULT PARTICIPANT NAME (Please Print Name)	AGE (If under 18)	HEIGHT & WEIGHT	HORSE RIDING EXPERIENCE (Check one that applies)
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