

ACKNOWLEDGMENT OF RISK AND RELEASE OF LIABILITY HORSEBACK RIDING
COLORADO'S HIGH LONESOME OUTFITTER & GUIDE'S DBA HIGH LONESOME RANCH INC.

PARTICIPANT'S NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

WARNING

Under Colorado law, an equine professional is not liable for an injury or death of a participant in equine activities resulting from the inherent risk of equine activities, pursuant to section 13-21-119 Colorado revised statutes.

1. I understand and agree that horseback riding involves a risk of injury and that I am voluntarily participating in this activity with knowledge of the danger involved. I agree to assume and accept any and all risks or death.
2. I agree to inform Colorado's High Lonesome Outfitter & Guides DBA High Lonesome Ranch INC for any health problems or allergies, no matter how insignificant and of any pre-existing medical or health condition, which could possibly be aggravated as a result of this activity.
3. I hereby discharge Colorado's High Lonesome Outfitter & Guides, DBA High Lonesome Ranch INC for any and all responsibility or liability for injuries or damages to myself, my family, or my equipment, whether it results from the negligence or strict product liability of Colorado's High Lonesome Outfitter & Guides, DBA High Lonesome Ranch INC or otherwise.
4. I have carefully read this agreement and fully understand its content. I am aware that this is a release of liability between Colorado's High Lonesome Outfitter & Guides, DBA High Lonesome Ranch INC and myself and I have signed it on my own free will.
5. I have been advised that helmets are available for my use free of charge. I expressly assume the risk of injury associated with the failure to wear a helmet and discharge Colorado's High Lonesome Outfitter & Guides, DBA High Lonesome Ranch INC from any and all responsibility and liability for injuries resulting from my failure to wear a helmet.

IMPORTANT: THIS IS A LEGAL DOCUMENT. IF YOU HAVE ANY QUESTIONS REGARDING THIS ACKNOWLEDGEMENT OF RISK AND RELEASE OF LIABILITY, PLEASE DO NOT HESITATE TO CONTACT US, OR TO SPEAK WITH YOUR ATTORNEY. AFTER READING THIS ACKNOWLEDGEMENT OF RISK AND RELEASE OF LIABILITY, PLEASE SIGN IT. THIS DOCUMENT STATES THAT YOU FULLY UNDERSTAND THE POSSIBLE RESULTS OF THE TRIP YOU ARE TAKING. IF YOU ARE INJURED OR DISABLED OR DIE, THIS ACKNOWLEDGEMENT OF RISK WILL BE USED TO PREVENT YOU OR YOUR FAMILY FROM RECOVERING ANY DAMAGES FROM COLORADO'S HIGH LONESOME OUTFITTER & GUIDES, DBA HIGH LONESOME RANCH INC.

*Participant's Age: _____

*Does participant have any conditions (medical, physical, emotional, or otherwise) which might affect participant's health or well being or affect participant's ability to engage in the trip? NO _____ YES (describe) _____

*Any Allergies? NO _____ YES (describe) _____

PARTICIPANT'S PARENT/GUARDIAN

PRINT NAME: _____

SIGNATURE: _____

DATE: _____