

HIGH COUNTRY OUTFITTERS/CAMP WAHOO!! INC. RELEASES

Participant Name _____ Adult _____ Child _____

Parent/Guardian Name (if above is a child) _____ email _____

Address _____ City _____ State _____ ZIP _____

Phone Home _____ Work _____ Cell _____

Emergency Contact _____ Emergency Phone _____

Family Physician/Practice Name _____ Phone _____

Insurance Company _____ Plan /ID # _____

Hospital Preference _____ Location _____

ACKNOWLEDGMENT OF RISKS & ACCEPTANCE OF RESPONSIBILITY/EMERGENCY AUTHORIZATION

I recognize that there is a significant element of risk in horseback riding and any outdoor activity. Knowing the inherent risks, dangers and rigors involved in the High Country Outfitters/Camp Wahoo!! Inc activities, I certify that my family and I, including any minor children, are fully capable of participation in all activities.

I assume full responsibility for my family and myself, including minor children, for bodily injury, death, loss of personal property and expenses thereof, as a result of my negligence or the negligence of my family.

I further understand the concessionaire reserves the right to refuse any person it judges to be incapable if meeting the rigors and requirements of participation in the High Country/Camp Wahoo!! Inc. activities.

I have read, understand and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon us during the entire period of participation in the activities.

I agree to RELEASE, HOLD HARMLESS and INDEMNIFY High Country Outfitters/Camp Wahoo!! Inc. and its/their employees, agents, contractors, officers or owners from all claims including negligence, which arise out of participation in or travel to and from High Country Outfitters/Camp Wahoo!! Inc. This release is binding as to any other persons, including family members, heirs and executors. This release does not apply to gross negligence or intentional acts.

If I am signing on behalf of a minor, I recognize that I may not release any claims the minor may have. However, I accept full responsibility for medical expenses incurred as a result of the minor's participation in or travel to and from High Country Outfitters/Camp Wahoo!! Inc. I also agree to HOLD HARMLESS AND INDEMNIFY High Country Outfitters/Camp Wahoo!! Inc. for any claims brought by the minor.

I hereby give permission to the medical personnel selected by the camp personnel to order X-rays, routine tests and treatment for family, minor children and myself and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp personnel to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my family, minor children or myself as named above.

I have also read the warning on the reverse side of this and understand and agree to be bound by the stipulations stated in the warning.

SIGNATURE of

**PARTICIPANT/PARENT OR
GUARDIAN**

Date _____

RECOMMENDATION AND WAIVER FOR USE OF ASTM/SEI APPROVED PROTECTIVE HEADGEAR

High Country Outfitters/Camp Wahoo!! Inc. recommends the use of a properly fitting ASTM/SEI approved equestrian helmet for all individuals participating in horseback riding activities. Protective helmets are REQUIRED for all minors. It is your responsibility to furnish this helmet as we do not have the ability to have on hand a large enough inventory of protective headgear to insure rider of a proper fit for maximum safety. If you choose to ride without a helmet or substitute another helmet for the ASTM/SEI approved equestrian helmet you must sign this release form below. NO minor may ride without a helmet. If you choose to substitute a bicycle helmet for the ASTM/SEI approved equestrian helmet for your minor child, you must sign this release below.

I understand the additional safety an ASTM/SEI approved equestrian riding helmet provides. I understand that riding without an appropriate helmet increases the risk of injury in the event of an accident. I choose for my family, minor child or myself to ride without an ASTM/SEI approved riding helmet and I assume full responsibility for this decision.

I have also read the warning on the reverse side of this and understand and agree to be bound by the stipulations stated in the warning.

SIGNATURE of PARTICIPANT/PARENT or GUARDIAN

Date _____

WARNING

NO PERSON MAY RIDE UNLESS THEY:

1. Have permission of the management, abide by the management's rules and have signed the Release and Waiver.
2. Are wearing adequate protective headgear or have signed a headgear waiver and are wearing boots and or shoes with a heel
3. Have familiarized themselves with the terrain and any hazards.
4. Maintain control of their horse and ride within their ability.
5. Have properly inspected all tack and equipment and it is in safe operational condition.
6. Have fairly and accurately made known their riding ability and experience to the activity sponsor or professional if they are renting, borrowing or trying out a horse.

WARNING TO PARTICIPANTS

Participation in this riding activity will expose the participant to risks inherent in the riding activity. Except in certain limited circumstances, any rider or other participant in a riding activity who is injured may not hold the owner or management responsible for his or her injuries.

Revised Code of Washington 4.24

I have read, understood and agree to be bound by the above stipulations.

Parent or Guardian Signature _____ Date _____

Participant Signature of High Country Outfitters/

Camp Wahoo!! INC. _____ Date _____