



Activity _____
Date _____

PARTICIPANT REGISTRATION & WAIVERS (2022)
970-879-6201 (phone)

**All Trail Rides are Private Groups with Personal Wrangler and include Per-Ride Ride Instruction*

Participant's Name (s): _____

Date of Birth: _____

Riders Age(s): _____

Height/Weight: ___ Wt: ___ Ht ___ Wt: ___ Ht ___ Wt: ___ Ht

Email Address(s): _____

Mailing Address: _____

Rider/Parent /Guardian Name(s): _____ and _____

Rider/Parent/Guardian Cell Phone (s): _____ and _____

How did you hear of our program? _____

Do you have your own horse and do you want to bring horse to Riding Club? _____

Are you a Participant of a Riding Program Now? ____

When was the last time you Rode a Horse? _____

What type of Riding did you last do? _____

Did you last ride in a Western Saddle: ___ and/or English Saddle: _____

HEALTH CONDITION DISCLOSURE

Date of Rider(s) last TETANUS Shot:___ Any Allergic Reactions to: Bee sting: ___ Penicillin: ___
Poison Ivy/Oak/Sumac: ___, Other: _____ or do you have Hay fever: _____ Asthma: _____

Heart Condition & Medicine: _____

Please describe any limitations/concerns in these areas: _____

Cancellation Policy:

Payments for all Riding Activities are processed when scheduled on line, via facsimile or phone. Due to arrangements for Instructor Commitments being secured at time activities are scheduled, refunds are not available. If you need to cancel a scheduled, paid for activity, you may do so with 24 hour notice and a credit for that activity will be available to you for following 12 months.



Activity _____
Date _____

PARTICIPANT REGISTRATION & WAIVERS (2022)
970-879-6201 (phone)

CR SUMMIT RIDING CLUB PARTICIPANT'S CONSENT, WAIVER & RELEASE FORM
FOR EMERGENCY MEDICAL TREATMENT (need one for each rider!)

In the event Emergency Medical Aid/Treatment is required due to illness or injury while participating in the services of, or while on the property of CR Summit Riding Club, I authorize CR Summit Riding Club employees, volunteers or agents to secure and retain emergency medical treatment and/or related emergency transportation by an emergency care professional, if needed.

I authorize CR Summit Riding Club personnel to release my/my child/my ward's records to an Emergency Professional involved in necessary medical treatment and/or necessary transportation.

Participant's Name _____

In case of emergency, contact _____ at _____ (Phone #)

or _____ at _____ (Phone #)

Physician's Name _____ and Phone _____

Health Insurance Name: _____ Policy # _____

Agreed to this _____ day of _____

_____ Participant's Signature

_____ Parent/Guardian Signature (if participant is under age 18)

PHOTO & PUBLICITY RELEASE: I hereby consent to and authorize the CR Summit Riding Club to use my/my child's/my ward's name in audio, visual and/or written promotional material and to use and/or reproduce any photographs and any other audiovisual materials taken of me/my child/my ward for promotional material, educational activities, or exhibits for the benefit of the program.

YES _____ NO _____

Agreed to this _____ day of _____

_____ Participant's Signature

_____ Parent/Guardian Signature (if participant is under age 18)



Activity _____

Date _____

PARTICIPANT REGISTRATION & WAIVERS (2022)
970-879-6201 (phone)

CR SUMMIT RIDING CLUB WAIVER/RELEASE AND INDEMNITY AGREEMENT

This Waiver Release and Indemnity Agreement (“Release”) dated, _____, is made by the undersigned adult (“Participant”), to release and indemnify CR Summit Riding Club their officers, directors, employees, agents, volunteers, contractors, heirs, successors, representatives, landowners or any other individual related to the ownership or management of the horse facility or CR Summit Riding Club, (hereinafter referred to as “CRSRC”) from liability for any accident or inquiries sustained by me, my employees, heirs, representatives, dependents, or guests.

As an owner, guest, student, contestant, spectator, employee, parent, teacher, volunteer or an independent contractor, I, the undersigned, recognize that all recreational activities at CRSRC including, but not limited to, horseback riding (hereinafter referred to as (“Recreational Activities”) are extremely dangerous, that accidents are frequent, that the condition of the land is often hazardous, the arena footing is rarely perfect, and that a horse may act or react unpredictably at times, based upon instinct or fright. I understand and acknowledge that wearing a helmet or other protective headgear may decrease the possibility or severity of injuries. In light of this knowledge, I, the participant, assume the inherent risks and undertake full responsibility for all harm that comes to me and my stock and all my associates and for any property damages that may occur. With full knowledge, I release the herein above named CRSRC parties from any and all liability for any personal injury, death or property damage.

Signing this release implies that I, the participant, have adequate medical and liability insurance/protection and that the CRSRC parties will assume no responsibility for me. Losses occasioned by injury or death to me is agreed to be covered by the insurance of the undersigned and it is further agreed that the undersigned, heirs, representatives, dependents, or guests, shall have no right or action against the CRSRC parties, employees, independent contractors, landowners, or any of their insurance carriers. If the participant is under the age of 18, signature of a parent or legal guardian indicates acceptance of responsibility by said parent or legal guardian and releases and forever discharges CRSRC parties and affiliated persons. Participant releases CRSRC parties from any liability and agrees not to sue CRSRC parties with respect to any cause of action for bodily injury, property damage, or death occurring to participant as a result of engaging in an activity.

MEDICAL / SEVERABILITY - Participant consents to emergency medical care and transportation in order to obtain treatment in the event of injury, as the CRSRC parties may deem appropriate. This Release extends to any liability arising out of or in any way connected with the medical treatment and transportation provided in the event of an emergency. Participant expressly agrees that the terms of release and indemnity contained herein are intended to be as broad and inclusive as is permitted by the laws of the State of Colorado. Any provisions or portion of this Release found to be invalid by the courts having jurisdiction shall be invalid only with respect to such provision or portion. The offending provision or portion shall be construed to the maximum extent possible to confer upon the parties the benefits intended thereby. Said provision or portion, as well as the remaining provisions or portion hereof, shall be construed and enforced to the same effect as if such offending provision or portion thereof has not been contained herein.

PARTICIPANT HAS READ & VOLUNTARILY SIGNS THIS WAIVER, RELEASE & INDEMNITY AGREEMENT

Participant’s Signatures

Parent/Guardian for Minor Signature

Participant’s Printed Name

Parent/Guardian Printed Name

WARNING: Under Colorado Law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 13-21-119, Colorado Revised Statutes.