

# Mule Shoe Outfitters, LLC

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## Horseback Trail Ride Waiver



### Contact/Parent Information:

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### **RISKS, HAZARDS, AND DANGERS**

**The following describes some, but not all of said Risks, Hazards, and Dangers.**

- The propensity of the riding animals to behave in ways that may result in injury, harm, or death to persons on or around them.
- The unpredictable of the animals' reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals.
- Certain hazards such as surface and sub-surface conditions.
- Collision with other animals or objects.
- The potential of the participant to act in a negligent manner that may contribute to injury to the participant or others.
- Encounters with variations within the terrain; including creeks, water, bridges, traveled roads, stumps, forest growth, debris, rocks, cliffs, and other obstacles whether they are obvious or not obvious, man-made or natural..
- Encounters with wildlife and insects.
- Temperature extremes.
- Adverse unpredictable weather conditions.
- The unavailability of immediate professional (EMTs, MDs) medical attention in the designated riding area.(Guides are CPR/1<sup>st</sup> Aid certified).

### **VISITOR'S ACKNOWLEDGEMENT OF RISK WAIVER**

I recognize that there is an element of risk in any adventure, sport, or activity associated with the outdoors. I am fully cognizant of the risks and dangers inherent in such activities and have been informed of some known special hazards in such activity. A copy of a notice describing some, but not all, of such hazards as stated above and made a part hereof, and I have read and understand such hazards. I certify that I am fully capable of participating in the said activity.

Certain risks cannot be eliminated without destroying the unique character of this activity. The same elements that contribute to the unique character of this activity can be causes of loss or damage to my equipment, or accidental injury, illness, or in extreme cases, permanent trauma or death. Therefore, I assume full responsibility for personal injury to myself (participant), and for loss or damage to my personal property and expenses thereof as a result of my (participants') negligence of participating in said activity. I (participant) further understand that Mule Shoe Outfitters, LLC reserves the right to refuse any person it judges to be incapable of meeting the rigors and requirements of participating in the activity of horseback riding in the designated area.

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

\_\_\_\_\_ Date \_\_\_\_\_ Parent Signature \_\_\_\_\_

Participants Name: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Age: \_\_\_\_\_

Riding Ability: \_\_\_ Non-Experienced \_\_\_ Experienced

Specials Notes: \_\_\_\_\_

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