



Leavitt Meadows Pack Station, Inc.

Customer Information & Liability Release

Please fill out both sides of this card completely and accurately; one card needed per person. Don't forget to sign the back of the card!

NAME: _____ BIRTHDATE: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

INDICATE YOUR RIDING ABILITY: (Place an X where appropriate)

NOVICE: ____ INTERMEDIATE: ____ GOOD: ____ GREAT: ____

TELEPHONE: _____ EMAIL: _____

Yes, I would like to receive the LMPS electronic newsletter

EMERGENCY NAME & TEL NO.: _____



Leavitt Meadows Pack Station, Inc.

Release of Liability Agreement

Upon my acceptance of horse and equipment, I acknowledge that the use, handling and riding of a horse involves a risk of physical injury to any individual undertaking such activities; and that a horse, irrespective of its training and usual past behavior and characteristics, may act or react unpredictably at times based upon instinct or fright which, likewise, is an inherent risk assumed by a horseback rider. The undersigned expressly assumes such risk and waives any claim he/she might state against Leavitt Meadows Pack Station, Inc. and its owners or representatives (herein referred to as LMPS) as a result of physical injury incurred in said activities, except to the extent such claim might be based upon the sole and exclusive negligence of LMPS. The undersigned further agrees to hold LMPS harmless for physical injury to others, or for the property damage which results from rider's use of LMPS' horse in violation of any LMPS rules or the terms and conditions of this liability agreement. This agreement shall be effective and binding upon the signer and for the date(s) indicated. The signer acknowledges having read and understood this agreement.

PRINT Name of Rider

Signature of Rider, or Parent/Legal
Guardian if Rider is Under 18 Years

Date Signed

DATE(S) OF TRIP: _____

HORSE NAME: _____

COMMENTS: _____

STAFF INITIALS: _____