



RS RANCH RIDES

Check # _____ / Cash _____

Deposit _____

Due _____

FOR OFFICE USE ONLY

Reservation Form

Tour : _____ from: _____ to : _____

The Travelers (Last Name, First Name)	Male Female	Single room / or tent	Birth Date MM/DD/YY	Height	Weight	Skill Level													
						Special diets	Beginner	Novice	Intermediate	Strong Intern.	Advanced	ride English	ride Western	mostly arena	mostly hacking				
1.																			
2.																			
3.																			
4.																			

Special Diets: _____

Your fitness level: Excellent _____ Moderate _____ Poor _____ How long have you been riding? _____

How often do you ride? _____ Have you been on other riding tours? No ___ Yes ___ When was last ride? _____

In an emergency, name and phone number of contact: _____

Attention: If there is more than one participant, all have to sign the reservation form - make copies if needed

With my signature I confirm my reservation of the listed program. I'm aware, and I made all participants aware, of the risk involved with these outdoor adventure activities. All participants have read and agree with the RS Ranch Rides Waiver and Release form.

Last Name and First Name (The Traveler) _____

Street _____ e-mail _____

City _____ State _____ Postal/Zip Code _____

Phone (home) _____ (work) _____ (cell) _____

Date _____ Signature (mandatory) ¹. _____

I have enclosed a check for Deposit/Full Payment (circle one)

_____ \$ _____

Please contact us if you wish to pay via Paypal.

Additional Signatures:

2. _____

3. _____

4. _____

WAIVER AND RELEASE

Comes now the undersigned individual, hereinafter referred to as "Releasor" and hereby releases RS RANCH RIDES LLC, and its owners, employees, agents, and servants, hereinafter referred to as "Releasees", from any liability or claims for damages, injuries, or other loss associated with or arising from equine related activities as defined in RSMo. 537.325.

Releasor acknowledges that equestrian activities are inherently dangerous and hereby assumes all risk associated with such activities. Releasor acknowledges that he/she is a skilled competent rider and is not seeking training or any direction from Releasees. In the event that any claim or other proceeding arises in connection with such equine related activities, such action shall only be brought in the Circuit Court of Crawford County, Missouri.

WARNING

Under Missouri law, an equine professional is not liable for an injury to or death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to the Revised Statutes of Missouri.

Riding helmets are required for a rider under 16 years of age. Helmets are available and recommended for all riders.

Releasor:	Horse:
Releasor:	Horse:
Releasor:	Horse:
Releasor:	Horse:
Releasor:	Horse:

Dated: _____ Address: _____

Witness: _____ Phone: _____