

OWNER NAME:	
OWNER NUMBER:	
CHECKING IN	CHECKING OUT
NUMBER OF GUEST CABINS NEEDED:	NUMBER OF GUEST ATV
NUMBER OF GUEST MOTELS NEEDED:	
NUMBER OF GUESTS: AGE 0-11 AGE 12-17 AGE 18-64 AGE 65+ NUMBER OF OWNERS: NUMBER OF ASSOCIATES: SITE UPPER LODGE KITCHEN(\$150.00/DAY): YES: NO: DATES NEEDED: TO	OFFICE USE ONLY: DEPOSIT AMOUNT DATE PAID FINAL PAYMENT DATE PAID NOTES
PHONE #	
Cabin # Requests	# Trail Rides
Hotel # Requests	# Arena Rides

I understand that 50% of my total group cost will be due at the time of reservation, with the remainder due 3 days prior to arrival. After that date the reservation is finalized and no changes or refunds will be authorized. A 10% non-refundable administrative fee will be charged for all group reservations. Additionally, I understand that all payments must be made by the owner only.

Signature

Date



6700 Highway 36 West Platina CA 96076 (530) 567-7007

RELEASE OF LIABILITY

Name:

Owner # : _____

I, the undersigned, acknowledge that I have voluntarily applied to participate in recreational activities with the abovedescribed group on the premises of R-Wild Horse Ranch. Recreational activities associated with the above-described group may include but are not limited to various outdoor and indoor sports activities and engaging in other activities in common areas or facilities such as snack bars, stores, picnic, barbeque, recreation centers and other recreation areas.

I further understand that by participating in any of these activities, I may be subjected to a variety of hazards and risks, foreseen or unforeseen, which may involve the risk of property damage, personal injury or death ("DAMAGES"). I know that these damages can occur due to natural causes, the active or passive negligence of R-Wild Horse Ranch, its employees and agents, R-Wild Horse Ranch owners and guests, or the negligent or intentional acts of third parties and/or fellow group members. I further understand that while on or in the vicinity of R-Wild Horse Ranch there will be times where access to rescue or medical facilities or expertise may be several hours away from the location where these DAMAGES may occur. I understand that being exposed to such DAMAGES, risks and hazards are inherent in my participation and I understand that I should therefore exercise extra care for my own person. I understand the potential for these DAMAGES to occur, that those hazards and risks exist, and notwithstanding these factors I choose to participate and to voluntarily and fully assume all risks arising out of, or in connection with, all such activity.

I further agree to comply with all R-Wild Horse Ranch rules and regulations and additional written or verbal directives, rules and regulations that may be deemed necessary by R-Wild Horse Ranch agents or representatives

As consideration for being permitted by R- Wild Horse Ranch or one of its affiliated organizations to participate in these activities and use of their facilities, I, hereby agree that I/we, my/our assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attach the property of R- Wild Horse Ranch Owners' Association, members of the Association, owners of individual interests, employees, agents, representatives or any affiliated individuals or organizations (or the supplier of any of the equipment and/or animals I or said child will use in these activities) hereinafter R- Wild Horse Ranch collectively for injury, death or damage resulting from the negligence or other acts, howsoever caused, by any owner, employee, agent or contractor of R- Wild Horse Ranch . I//we hereby release R- Wild Horse Ranch from all actions, claims, or demands, that I/we, my/our assignees, heirs, distributee, guardians, and legal representatives now have or may hereafter have for injury, death or damage resulting from my participation in horseback riding, and related activities.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND R- WILD HORSE RANCH AND SIGN IT OF MY OWN FREE WILL.

PRINT NAME

SIGNATURE

Emergency Phone No.

	GUEST NAME	AGE	ARRIVAL	DEPARTURE	SITE REQUESTED
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