



Buffalo Bill Saddle Club

GUEST FORM & HOLD HARMLESS RELEASE

A Family Riding Organization

I, _____

Name - Please print clearly

street address

PO Box

City

State

Zip

(____* I am a minor child not accompanied by my parent or legal guardian)

am participating as a guest of _____, members of this organization, who are sponsoring me, and are responsible for completion of this form and presenting it to the Trail Boss or a Club Officer, prior to my participation of the ride.

I hereby promise and agree to abide by all the rules, regulations and bylaws of said club, and to practice good and safe trail etiquette as outlined in the BBSC Trail Guidelines.

I understand I may attend ONE FIRST RIDE as a GUEST.

(Qualifying ride may be either a day ride or an overnight camping trip)

PLEASE NOTE****ABSOLUTELY NO GUESTS may ride in ANY PARADE****

Ride I am Participating in: _____ Date of Ride _____

Prior to any SECOND ride or any PARADE, I understand I am REQUIRED to be a member in good standing with all membership fees paid. Membership forms are available from the Trail Boss or online.

I am familiar with and understand the provisions of the Colorado Law Section 13-21-120 (Colorado Revised Statute) relative to inherent risks involved in participation of equine activities. Therefore, I assume all risks in connection with the activities involved and agree to release the Buffalo Bill Saddle Club, including officers and members, visitors and land owners from any and all action, causes of action, claims, damages, cost, expenses, compensation, personal loss or any other loss or injury received or incurred by me, _____ or any person associated with me, during my participation. I further agree to hold all parties listed harmless from any claim or liability whatsoever, by me or my family, estate, heirs, or assigns arising out of my participation in these activities. I have read the contents of this affirmation and understand its content. I understand that with any activity there is a potential for injury or damages to participants, horses or personal property. I further agree my personal liability and medical insurance is to protect myself and my family and my property.

*In Respect to a Guest Minor Child not accompanied by parent or legal guardian, the above mentioned sponsor is responsible to ride with me at all times and to see that my parent / legal

guardian has signed this form, AND has a signed form , granting authorization to initiate emergency medical treatment on my behalf. My sponsor is responsible to obtain and carry this form during participation at any BBSC event that I am attending.

In witness whereof, the undersigned has executed this Application and Hold Harmless Release after having read and understood it this _____ day of _____, 201__.

X _____ Date _____ Phone _____

Signature of Adult Guest or Parent /Legal Guardian of Minor Child

X _____ Date _____ Phone _____

Sponsor Signature

Emergency Contact Information:

Relative or Friend _____ Address _____

Phone: Cell _____ Work or Home Phone _____

Another Relative or Friend _____ Address _____

Phone: Cell _____ Work or Home Phone _____

Optional: Medical Insurance Information: _____

Preferred Provider Hospital (If none leave blank) _____

IN CASE OF EMERGENCY, I AUTHORIZE AND GIVE MY PERMISSION FOR MEDICAL CARE.

X _____

Signature of Adult Guest or Parent/Legal Guardian of Minor child

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 ACTIVITIS, PURSUANT TO SECTION 13-21-120, CCOLORADO REVISED STATUTES.

04/2012