

PRE-PARTICIPATION FORM

Please feel free to be as informal and complete as possible, the more information, the better our match with your horse will be. ****SAFETY** is our utmost concern, therefore any incomplete, incorrect or withheld information may void your participation.**

****If there are other participants in your group, please feel free to photo copy this page and attach additional pages.****

Please mail signed documents to: Box R Ranch, P.O. Box 100, Cora, WY 82925

Participant #1 (first Name) Height Weight Birth Date Occupation I Ride_x a year
_____/_____/_____/ ____/____/____ _____ (_____)

My Riding Ability is: (i.e. extensive, moderate, good, little, none or a combination hereof)

Participant # 2 Height Weight Birth Date Occupation I Ride_x a year
_____/_____/_____/ ____/____/____ _____ (_____)

My Riding Ability is: (i.e. extensive, moderate, good, little, none or a combination hereof)

Do you have any medical conditions we should be aware of? Yes No If yes, please explain:
Name: _____ explain _____

Do you have any allergies—physical limitations—dietary restrictions—or medications we or a doctor should know of?
Name: _____ explain _____

Participant #1

Do you carry Medical Insurance? Yes No Please list your provider's name and phone number:

In case of an Emergency, we should contact: _____relative, friend, doctor; at this
phone number: _____/_____/_____ OR _____/_____/_____ time zone: _____

Participant # 2

Do you carry Medical Insurance? Yes No Please list your provider's name and phone number:

In case of an Emergency, we should contact: _____relative, friend, doctor; at this
phone number: _____/_____/_____ OR _____/_____/_____ time zone: _____

Notice: Regardless of any or all commitments, contracts, or assurances, the Box R Ranch reserves the right to refuse service, accommodations, or continuation of any stay to anyone. All pre-planned schedules or itineraries are subject to alteration and/or cancellation at any point due to safety considerations, weather, and impracticability, best interests of the ranch and/or its livestock, a lack of client's ability with participation or horsemanship.

Every participating Adult or Guardian must read and sign this form agreeing to the terms and conditions that follow before you will be allowed to participate in any activities.

Signature _____

Date _____

Signature _____

Date _____

We are pleased to have you join us and we are looking to show you a wonderful time her in Wyoming.