

Waiver for Level of Fitness Runamuk Guest Ranch, LLC

In participating in the activities and programs of Runamuk Guest Ranch, LLC and in using the facilities and equipment owned and/or under the control of Runamuk Guest Ranch, LLC, I do hereby waive, release and forever discharge Runamuk guest Ranch from any and all responsibility or liability for injuries or damages resulting from my participation in any activities or my use of equipment, horses or facilities.

I understand and am aware that horse back riding, four wheeling and the activities offered here at RGR require strength, flexibility and aerobic capabilities . The activities offered are potentially hazardous. I also understand that the activities offered involve a risk of injury **and even death**, and that I am voluntarily participating in these activities and using equipment, horses and facilities with the knowledge of the dangers involved. I hereby agree to expressly assume and accept all and any risks of injury or death.

I do hereby declare myself to be physically sound and suffering from no condition, impairment, disease or infirmity or other illness that would prevent my participation except as herein stated. I acknowledge that I have either had a physical examination and have, therefore, been given my doctor’s permission to participate, or that I have decided to participate in the activities without the approval of my doctor and do hereby assume all responsibility for my participation in activities. I determine myself physically and mentally able to safely engage and participate in equine activity, four wheeling, and all programs and activities of Runamuk Guest Ranch, LLC.

I sign this waiver to be legally bound by it. I am signing this release voluntarily and understand its contents.

Please print and sign.

Traveler 1 _____

Traveler 2 _____

Traveler 3 _____

Traveler 4 _____

Traveler 5 _____

Traveler 6 _____

*If under 18, a parent must sign _____

*Please list children/participants you are signing for: _____

In the event of an emergency, my contact person is(name and #) _____

Date _____