

Rawhide Partners, Inc

REGISTRATION AND STANDARD INFORMATION FORM

I, _____ (client), furnish the following information to Rawhide Partners, Inc. which I state to be true and correct and accept responsibility for failure to disclose any condition or not fully stating such condition. I understand that I must furnish complete information to include Physician's report if the conditions are detrimental to my health if not disclosed. I will attach other information if necessary to disclose my condition.

Age _____ Weight _____ Height _____ Date _____.

Do you have any medical conditions we should be aware of? _____

Do you have any dietary restrictions or allergies we should be aware of? _____

I understand that I have responsibilities as a participant in activities, which are part of a trip booked with Rawhide Partners, Inc. There are no mental or physical problems or limitations associated with my participation in the activities, which I have not disclosed in writing to Rawhide Partners, Inc. I am fully capable of participating in all activities.

Do you have any fears or concerns about activities you will be engaging in on this trip? _____

In case of an emergency who should we contact?

Name _____ Relationship _____

Daytime number _____ Cell _____

Evening number _____

Horseback ability,
Novice _____ Fair _____ Good _____ Excellent _____

Participant please print name _____

Street Address _____

City _____ State _____ Zip Code _____

Your area code _____ Phone _____

Participant Signature _____ Date _____