



## HORSE & TRAIL RIDE REGISTRATION CONTRACT

Fill out one per rider.

DATE/s: \_\_\_\_\_ Time: am/pm \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTACT VIA:**

Phones/home:  
work:  
fax:  
cell:  
e-mail:

**Other Considerations:** (Medical, etc./continue on reverse)

**Level of Expertise:**

### EMERGENCY INFORMATION

In case of emergency notify:

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ Time: am/pm \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTACT VIA:**

Phones/home:  
work:  
fax:  
cell:  
e-mail:

### WARNING

NOTE: Under Texas Law (Chapter 87, Civil Practice and Remedies Code), 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 activities. ADDED BY acts 1995, 74<sup>th</sup> Leg. Ch. 549, :1, eff. September 1<sup>st</sup>, 1995. **INITIAL** \_\_\_\_\_

<b>Client's Signature:</b> <b>By:</b>  <b>Date:</b>	<b>Double B Ranch &amp; Resort's:</b> <b>By</b>  <b>Date:</b>
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