



ACKNOWLEDGEMENT OF RISK

IMPORTANT!
PLEASE COMPLETE AND RETURN IMMEDIATELY

Dear Guest:

Thank you for choosing Castle Creek Outfitters to provide your upcoming wilderness adventure. Castle Creek Outfitters provides top quality wilderness adventures. We feel certain this enjoyable experience with us will provide memories to last a lifetime!

Based on experience and performance, we believe your wilderness adventure is safer than a week's vacation in an automobile. However, as a condition of your participation, **WE REQUIRE EACH PARTICIPANT TO SIGN THIS STANDARD ACKNOWLEDGEMENT OF RISK FORM AND RETURN IT TO US IMMEDIATELY.**

Castle Creek Outfitters reserves the right to take photographs or film records of any Castle Creek Outfitters ride, tour, program or wilderness trip, and each trip member agrees that Castle Creek Outfitters may use such photographic or film records for promotional and/or commercial purposes.

We greatly appreciate your cooperation and look forward to seeing you at the trail head.

In consideration of the services of Castle Creek Guides, LLC dba **CASTLE CREEK OUTFITTERS**, their officers, agents, employees, and stockholders, and all other persons or entities associated with those businesses (hereafter referred to as "**CASTLE CREEK OUTFITTERS**"), I agree as follows:

Although **CASTLE CREEK OUTFITTERS** has taken reasonable steps to provide you with appropriate equipment and/or skilled guides, so you can enjoy an activity for which you may not be skilled, we wish to remind you that this activity is not without risk. Certain risks cannot be eliminated without destroying the unique character of this activity. The same elements that contribute to the unique character of this activity can be causes of loss of or damage to your equipment, accidental injury or illness or, in extreme cases, permanent trauma or death. We do not want to frighten you or reduce your enthusiasm for this activity, but we think that it is important for you to know in advance what to expect and to be informed of the inherent risks. The following describes some, but not all, of those risks.

1. Injuries, damage, or loss incident to wilderness camping/hunting, including exposure to sun, wind, water, rain, and snow (including the possibility of a horse bolting, bucking or rearing up and a rider being thrown or knocked off.
2. Injuries, damage or loss incident to hiking and camping in backcountry areas, including slips, falls, and contact with harmful plants, insects or animals.
3. Unavailability of medical facilities or personnel in remote wilderness areas.

I am aware that **WILDERNESS CAMPING / HUNTING ASSOCIATED ACTIVITIES** entails risk of injury or death to myself. I understand that the description of these risks is not complete, and that other unknown or unanticipated risks may result in injury or death. I agree to assume responsibility of the risks identified herein, and for those risks not specifically identified. My participation in this activity is purely voluntary; no one is forcing me to participate, and I elect to participate in spite of the risks.

I possess the following qualifications, which I understand are prerequisites to participation in this activity.

1. I, and any minor children accompanying me, meet **CASTLE CREEK OUTFITTERS'** minimum age requirements for this activity.
2. I certify that I am physically able to participate in this activity or have informed **CASTLE CREEK OUTFITTERS** in writing of disabilities or other conditions that need their special attention or preparation.

I certify that I am fully capable of participating in this activity. Therefore, I assume full responsibility for myself, including my minor children participating with me, for bodily injury, death, and loss of personal property and expenses thereof as a result of those inherent risks and/or of my negligence in participating in this activity. I have read, understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representatives, estate and all members of my family, including any minors accompanying me.

Do you have medical insurance? Yes No

Name of Insurance Company _____

Print or Type Your Name _____

Signed By _____

Date _____