

# Hidden Trails Outdoor Reservation Form

MM/DD/YY

MM/DD/YY

Tour : \_\_\_\_\_ Code #: \_\_\_\_\_ from: \_\_\_\_\_ to : \_\_\_\_\_

The Travelers (Last Name, First Name)	Male Female	Single room/ or tent	Birth Date MM/DD/YY	Height	Weight*	Special Diets**					Fitness Level			
						Special diets**	Allergies	Medical Con.	Excellent	Good	Moderate	Poor	need to rent equipm.	
1.			__/__/__											
2.			__/__/__											
3.			__/__/__											
4.			__/__/__											

\* If more than 200 lbs we need to reconfirm with our partners first

\*\* Details on dietary needs on separate sheet, please.

Special Diets: \_\_\_\_\_

How often do you exercise? \_\_\_\_\_ Describe your experience: \_\_\_\_\_

Have you been on other outdoor trips? No  Yes  last trip when? \_\_\_\_\_ Trip: \_\_\_\_\_

If Hidden Trails offers a transfer from the local airport/station: I would like the transfer to be included: YES  NO

In an emergency, name and phone number of contact: \_\_\_\_\_

Attention: Please, if there is more than one participant, all have to sign the reservation form - make copies if needed

With my signature I confirm my reservation of the listed program(s) under the Hidden Trails Booking Conditions. I'm aware, and I made all participants aware of the risk involved with these outdoor adventure activities. All participants have read and agree with the Hidden Trails *Booking Conditions* and the Hidden Trails *Recreational Activity Release and Indemnity Agreement* in this brochure or as listed on the Internet.

I (we) will sign and forward the *Recreational Activity Release and Indemnity Agreement* at least 10 weeks before trip starting date.

Last Name and First Name (The Traveler)

Street \_\_\_\_\_ e-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_

Phone (wk) \_\_\_\_\_ iY^ / \_\_\_\_\_ 4V]] \_\_\_\_\_ Fax \_\_\_\_\_

Date \_\_\_\_\_ Signature (mandatory) <sup>1.</sup> \_\_\_\_\_

Please, charge a 25% deposit (minimum \$ 350 per person) now and full payment 10 weeks before starting date to my credit card.

7`caRj ^ V\_ ed Sj G: D2 5ZIT` gVc > 4 L` UVSZ TRUdV

Cardholder: \_\_\_\_\_

Card # \_\_\_\_\_ 3 digit Security # \_\_\_\_\_

Exp.Date: \_\_\_\_\_ Signatur e: \_\_\_\_\_

Billing Address for Credit Card (if different than mailing address): \_\_\_\_\_

I have enclosed a check for the deposit

Additional Signatures:

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Travel Cancellation Insurance** Credit Card required

Sign me (us) up  initial \_\_\_\_\_

No, we will provide our own  initial \_\_\_\_\_

# Recreational Activity Release and Indemnity Agreement

Please read carefully, sign and return to  
**Hidden Trails Ltd.** 659A Moberly Road Vancouver,  
BC Canada V5Z 4B3 FAX: 604-323-1148  
This supercedes all previous Hidden Trails Ltd.  
agreements.

This RECREATIONAL ACTIVITY RELEASE AND  
INDEMNITY AGREEMENT is voluntarily and knowingly  
entered into by (traveler's name):

\_\_\_\_\_, hereinafter  
**PARTICIPANT** and Hidden Trails Ltd., its owners,  
guides, employees, agents, volunteers, officers, and  
directors hereinafter collectively referred to as  
**PROVIDER**.

This document is a full release and indemnity  
agreement whereby PARTICIPANT is releasing and  
indemnifying PROVIDER from various inherent risks,  
known and unknown involving various recreational  
activities including, but not limited to, horses and  
horse-type activities and further releasing PROVIDER  
from PROVIDER'S negligence, if any, and, further  
releasing PROVIDER from any results of the inherent  
risks and PROVIDER'S negligence, such results  
including, but not limited to, property damage, bodily  
and personal injury, illness, paralysis, or death.

PARTICIPANT will be engaged in activities involving  
horses and other potentially dangerous recreational  
activities. PARTICIPANT is informed and understands:

1) That there are significant risks and dangers  
involved with horses and horseback riding and that  
horses are powerful and potentially dangerous  
animals;

2) That a horse may, at any time, without warning, and  
for no reason, jump up, forward, backward, or  
sideways;

3) That a horse may become uncontrollable, run  
wildly, buck, bite, kick, rear up, or step on feet or  
other body parts without warning;

4) Horses become tired, stressed, cantankerous, and  
their behavior is unpredictable;

5) A horse may trip, stumble, and/or fall down when  
being led, ridden, or otherwise attended to;

6) That weather, terrain, other animals, and/or people  
and other PARTICIPANTS may adversely affect a  
horse's behavior;

7) That these risks, and others, are inherent with  
horse and other activities which risks may not be  
anticipated, controlled, or eliminated by PROVIDER  
and, further, PROVIDER has no duty to do so;

8) That these risks and activities in general can cause  
property damage, bodily and personal injuries,  
illnesses, paralysis, and death to you or members of  
your family;

9) That PROVIDER and/or other people and  
PARTICIPANTS may, on occasion, be NEGLIGENT  
(NEGLIGENT meaning, generally, a failure to exercise  
ordinary or reasonable care) in their duties and  
responsibilities to PARTICIPANT and this  
NEGLIGENCE can cause property damage, bodily and  
personal injuries, illness, paralysis, and death to you  
or members of your family;

10) That the horseback riding activities and other  
activities will sometimes be in wilderness, and  
otherwise remote areas and that bodily and personal  
injuries, illnesses, paralysis, and other injuries may  
occur to you where you are a considerable distance  
from doctors, hospitals, and any type of medical help  
or assistance. PROVIDER strongly recommends the  
use of a riding helmet which may minimize the risks of  
head and other injuries.

For and in consideration of the monies paid,  
agreements contained in this document, and your  
participation in PROVIDER'S program, PARTICIPANT  
does hereby completely release, acquit, and forever  
release and discharge, PROVIDER, their successors,  
personal representatives, and assigns of and from any  
and all actions, claims, demands, obligations, causes  
of action, damages, costs, loss of services, expenses,  
attorneys' fees, and compensation of any kind or  
nature whatsoever on account of or in any way  
growing out of, or which in the future may result from,

property damage, bodily and personal injuries,  
illnesses, paralysis, and death to you or members of  
your family as a result of participation in PROVIDER'S  
program or in conjunction with recreational activities  
or PROVIDER'S NEGLIGENCE. This RELEASE  
includes, but is not limited to, all claims or causes of  
action whether based on a tort, contract, or any other  
theory of recovery, which the PARTICIPANT now has  
or which may hereafter accrue or may otherwise be  
acquired on account of or may in anyway grow out of  
any recreational activities including, but not limited  
to, any and all claims for emotional distress, loss of  
consortium, loss of companionship, loss of income,  
bodily or personal injury to PARTICIPANT, or members  
of PARTICIPANT'S family, or any wrongful death claim  
or punitive damage or any other claim of  
PARTICIPANT'S representatives or heirs which have  
resulted or may result from the recreational activities,  
acts, omissions, or NEGLIGENCE of PROVIDER.

PARTICIPANT further stipulates and agrees in further  
consideration, to fully indemnify and hold forever  
harmless PROVIDER against loss from any and all  
claims, demands, or actions which may hereinafter or  
at any time be made or brought against PROVIDER by  
any person or entity who has made, or agreed to  
make payments on PROVIDER'S behalf for any  
medical expenses or any other obligations incurred by  
PARTICIPANT as a result of property damage, bodily  
and personal injury, illness, paralysis, and/or death to  
PARTICIPANT or any members of PARTICIPANT'S  
family arising out of PROVIDER'S activities.

PARTICIPANT further agrees and stipulates to  
indemnify and hold forever harmless PROVIDER  
against loss from any and all further claims, demands,  
or actions which may hereinafter or at any time be  
made or brought against PROVIDER by any person or  
entity who claims to have been damaged, or who  
asserts a claim as a result of property damage, bodily  
and personal injury, illness, paralysis, and/or death to  
PARTICIPANT arising out of PROVIDER'S activities.

PARTICIPANT further stipulates and agrees to fully  
indemnify and hold forever harmless PROVIDER from  
any action, claim, demand, obligation, cause of  
action, damages, costs, loss of services, expenses,  
and compensation of any kind or nature whatsoever  
on account of or in any way growing out of, or which  
in the future may result from property damage, bodily  
and personal injury, illness, paralysis, and/or death to  
any person, including minors and incompetents, over  
whom and for whom PARTICIPANT has custody,  
control, and/or other legal responsibilities.

PARTICIPANT acknowledges and agrees that  
PARTICIPANT'S participation in PROVIDER'S  
recreational activities and riding program is  
completely voluntary and PARTICIPANT  
acknowledges all risks, known and unknown, accepts  
all risks, known and unknown, and assumes full  
responsibility for all risks, known and unknown,  
including, but not necessarily limited to, those risks  
identified in this RELEASE and acknowledges and  
accepts full responsibility for all property damage,  
bodily and personal injury, illness, paralysis, and  
death to PARTICIPANT and/or members of  
PARTICIPANT'S family. Further, PARTICIPANT  
represents:

1) PARTICIPANT has completely and fully read this  
document as well as the Hidden Trails Booking  
Conditions, agrees to its terms, has been given ample  
opportunity to seek legal counsel to review and  
advise PARTICIPANT as to the legal effect of this  
RELEASE and has been provided additional  
opportunities to ask questions and make inquiries of  
PROVIDER regarding this RELEASE;

2) PARTICIPANT warrants and represents he/she has  
no medical problems which might interfere with  
PARTICIPANT'S participation in PROVIDER'S  
program;

3) PARTICIPANT is voluntarily participating in the  
recreational and horse activities with full knowledge  
of the activities and the risks involved;

4) PARTICIPANT accepts and assumes the risks and

legal responsibilities for any and all injuries and  
damages which may result from those risks  
associated with participation in recreational or  
horseback riding activities;

5) PARTICIPANT warrants and represents that he/she  
can fulfill any physical requirements involved with  
recreational and horse activities;

6) PARTICIPANT understands that the presence of  
PROVIDER'S personnel is no assurance of  
PARTICIPANT'S safety or lessens any risks assumed  
by PARTICIPANT;

7) PARTICIPANT warrants and represents that he/she  
has obtained adequate medical/disability/life  
insurance or other monies to cover losses to himself  
or others.

PARTICIPANT also agrees to the HIDDEN TRAILS  
BOOKING CONDITIONS in its entirety.

It is agreed that this RELEASE and its provisions shall  
be governed by the law of British Columbia, a  
Province of Canada.

This RELEASE shall not be canceled, modified, or  
changed in any manner except by the written  
agreement of both PROVIDER and PARTICIPANT. The  
invalidity of any portion of this RELEASE shall not  
affect the validity of the remaining RELEASE.

THE UNDERSIGNED PARTICIPANT(S) HAS (HAVE)  
READ AND FULLY UNDERSTAND(S) THIS RELEASE  
WHICH MUST BE COMPLETELY SIGNED AS  
INDICATED AND RETURNED BEFORE YOUR  
ARRIVAL.

**Trip Name** \_\_\_\_\_

**Date of trip** \_\_\_\_\_

## Accepted and agreed to:

1. Traveler  
print \_\_\_\_\_

signature \_\_\_\_\_

2. Traveler  
print \_\_\_\_\_

signature \_\_\_\_\_

3. Traveler  
print \_\_\_\_\_

signature \_\_\_\_\_

4. Traveler  
print \_\_\_\_\_

signature \_\_\_\_\_

Date \_\_\_\_\_

For Participants Who Are Under 18 Years of Age I  
hereby assume full responsibility for all expenses and  
liabilities of the above named participant(s) in this  
riding tour, I agree to hold Hidden Trails, Ltd. and their  
associates harmless from any liability or claims on  
behalf of that participant, and authorize the use of  
appropriate medical treatment for participation in the  
event of injury.

Parent/Guardian  
print \_\_\_\_\_

signature \_\_\_\_\_

Date \_\_\_\_\_