

Hidden Trails Outdoor Reservation Form

MM/DD/YY

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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) ^{1.} _____

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` UVSZTRUdV

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 _____