# Mule Shoe Outfitters, LLC Kendall Valley Lodge

P.O. Box 1555 Lodge Phone 307-367-2223 Pinedale, WY 82941 1-888-803-7316



info@kendallvalleylodge.com info@muleshoeoutfitters.com

Contact Name	)	email						
Address				Contact Phone (				
City		StateZip	O	ther Phone				
Date(s):			ctivity:					
Destination								
Guided Trail R	ides and Fishing Trips	s out of Lodge		#persons				
1 hour ride	\$35.00 per person	2 hour ride	\$50.00 per p	person				
Half Day	\$80.00 per person	3 to 4 hours a	pprox					
Full Day	\$150.00 per person	6 to 8 hours a	pprox					
Guided Trail Rides and Fishing Trips away from Lodge #persons								
Half Day	\$125.00 per person							
Full Day	\$250.00 per person							
	shing/Pack Trips	full service		#persons				
1-3 people \$300	0.00 per person per day	•						
4-6 people \$260	0.00 per person per day	1						
7 or more \$22	0.00 per person per day	1						
Gear Drops (o	ne way pricing) pack-i	in and pack-out count	as 2 Gear dro	<u>pps</u> #d	rops			
Base Rate \$ 50	0.00 furnishes a guide a	and one pack animal						
Add \$175.00 pe	.00							
Add \$160.00 per additional pack or riding animal 5 to 8 animals				_#pack animals x \$160	.00			
Add \$150.00 pe	er additional pack or ridi	_#pack animals x \$150	.00					
150lbs limit/pack animal								
Spot Packs (or	ne way pricing) pack-i	in and pack-out count	as 2 trips #p	persons riding #	pack animals			
		and one animal (riding o		#trips				
		ng animal up to 4 anima	• •	# animals x \$175.00				
				# animals x \$160.00				
Add \$150.00 per additional pack or riding animal 9 or more								
•	150lbs limit/pack ani	-						
				Total Due	\$			
To participate in	any guided horseback a	activity a signed Participa	ant Activity Wai		n/\ <b>r</b>			
desired dates and activity. Deposits are non-refundable unless there are extenuating				%) \$				
circumstances. D	alance is due in ruii prior to se	niculied activity.		Balance Du	e \$			
***we accept p	avment by personal cl	heck, cashiers check,	cash or credit	Date Paid	#			
		VisaMCDisc						
	on Card: Credit Card #: CVC Code:							
		Expiration da	ate:	CVC Code:				
Authorized Sig	gnature:	<u>.</u>		Date				

# All person(s) participating in any horseback guided activity must sign. All person(s) Horseback riding please provide Height, Weight, and Age. Participants under 18 years must have parent sign.

#### **RISKS, HAZARDS, AND DANGERS**

## The following describes some, but not all of said Risks, Hazards, and Dangers.

- The propensity of the riding animals to behave in ways that may result in injury, harm, or death to persons on or around them.
- The unpredictable of the animals' reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals.
- Certain hazards such as surface and sub-surface conditions.
- Collision with other animals or objects.
- The potential of the participant to act in a negligent manner that may contribute to injury to the participant or others.
- Encounters with variations within the terrain; including creeks, water, bridges, traveled roads, stumps, forest growth, debris, rocks, cliffs, and other obstacles whether they are obvious or not obvious, man-made or natural..
- · Encounters with wildlife and insects.
- Temperature extremes and adverse unpredictable weather conditions.
- The unavailability of immediate professional (EMTs, MDs) medical attention in the designated riding area. (Guides are CPR/1<sup>st</sup> Aid certified).

### PARTICIPANT'S ACKNOWLEDGEMENT OF RISK WAIVER

I recognize that there is an element of risk in any adventure, sport, or activity associated with the outdoors. I am fully cognizant of the risks and dangers inherent in such activities and have been informed of some known special hazards in such activity. A copy of a notice describing some, but not all, of such hazards as stated above and made a part hereof, and I have read and understand such hazards. I certify that I am fully capable of participating in the said activity.

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 or damage to my equipment, or accidental injury, illness, or in extreme cases, permanent trauma or death. Therefore, I assume full responsibility for personal injury to myself (participant) and for loss or damage to my personal property and expenses thereof as a result of my (participants') negligence of participating in said activity. I (participant) further understand that Mule Shoe Outfitters, LLC reserves the right to refuse any person it judges to be incapable of meeting the rigors and requirements of participating in the activity of horseback riding in the designated area.

I have read, understand, and accept the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon the parties during the entire period of participation of said activity.

<u>Signature</u>	Horseback R	iding Inform	Riding Experience		
Name:	_ Height	Weight	Age	Yes	_ No
Name:	_ Height	Weight	Age	Yes	_ No
Name:	_ Height	Weight	Age	Yes	_ No
Name:	_ Height	Weight	Age	Yes	_ No
Name:	_ Height	Weight	Age	Yes	_ No
Name:	_ Height	Weight	Age	Yes	_ No
Name:	_ Height	Weight	Age	Yes	_ No