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Roman Nose Hills Charitable Trail Ride  
Benefiting Watonga Hospital Foundation  
Base Camp: Wolfe Ranch, Adjacent Roman Nose State Park  
Liability Waiver Required for all participants

Name : \_\_\_\_\_

Address: \_\_\_\_\_

City : \_\_\_\_\_ St : \_\_\_\_\_ Zip : \_\_\_\_\_ Phone : \_\_\_\_\_

Vehicle Description : \_\_\_\_\_ Tag # : \_\_\_\_\_

In Case of Emergency Notify : \_\_\_\_\_ Phone : \_\_\_\_\_

**To be completed at Gate**

Number of Horses : \_\_\_\_\_ Coggins Checked by : \_\_\_\_\_

Participants under 18 years of age require signature of Parent or Guardian. Minimum age for riders 6 years old.

In consideration of my voluntary participation in this charitable trail ride, I hereby for myself, my heirs and my personal representative, assume any and all risks which may be associated with this trail ride, and release, discharge, covenant not to sue, and hold harmless Watonga Hospital Foundation, Inc, its officers, members, sponsors, organizers, agents, ranch owners, and any other cooperating individuals or groups, and their successors, in connection with any and all injuries, illnesses and damage of any kind whatsoever, including loss of property suffered by me as a result of my voluntarily taking part in this trail ride and any related activities whether caused by the negligence or any fault of Watonga Hospital Foundation, organizers, volunteers, or otherwise. I certify that my horse and I are in proper physical condition to participate in this trail ride without risk of injury. I have carefully read this liability waiver and fully understand its contents. I am releasing certain legal rights that I otherwise may have, and enter into this liability waiver in behalf of myself and/or my family on my own free will.

Signature of Adult Participant/Parent/Guardian \_\_\_\_\_

Name of Minor Participant \_\_\_\_\_

Return to :  
Watonga Hospital Foundation, Inc.  
Trail Ride  
P.O. Box 370, Watonga, Ok. 73772