



Montana Reins of Hope Week Intensive Training

Applicant

Name: _____

Email: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Emergency Contact

Name: _____

Cell phone: _____ Work Phone: _____

Email: _____ Relation to Applicant: _____

Please indicate which week you are registering for:

- I. Describe your experience with horses:

- II. Describe your experience with wild mustangs, if any:

- III. What are your desired outcomes with the completion of your week of learning?

- IV. Do you have any physical restrictions or medical conditions? If yes, please explain.

By signing below, applicant understands that:

- Payment is due prior to participation in program
- Video/audio recording is encouraged for personal use only and may not be posted to social media or used for any other purpose without the written permission of Wild2Ride Academy Director. Still photos are permitted and may be used on social media.
- Smoking is not permitted on the ranch at any time.
- Dogs are not permitted

Signature of Applicant: _____

Printed Name of Applicant: _____

Date: _____

I give permission for Montana Reins of Hope/Wild2Ride to use photo/images of my participation in the program for marketing purposes (social media, brochures, flyers).

Yes

No

Signature/Date: _____

Food

Please indicate any dietary restrictions or allergies:

Please return to:

Melinda Corso

Info@montanareinsofhope.com

p.406-360-8856

For Accommodations at the Ranch House, please contact Melinda directl

**MONTANA REINS OF HOPE and WILD2RIDE
ACADEMY VOLUNTARY RELEASE OF LIABILITY
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT**

I, _____, HEREBY
ACKNOWLEDGE, that I have voluntarily applied to participate in instruction and training in the starting, training, selection, care, handling and riding of horses with CORSO CO, L.L.C., DBA MONTANA REINS OF HOPE (herein after Montana Reins of Hope), such instruction to take place on the premises of Mallard Ridge Ranch, Missoula, MT.

I AM AWARE THAT ACTIVITIES INVOLVING HORSES CAN BE INHERENTLY DANGEROUS AND HAZARDOUS, AND I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OR DEATH.

IN CONSIDERATION for being permitted to participate in said instruction and training:

Release of Liability and Hold Harmless

1. I HEREBY RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, CORSO CO. L.L.C., individually and doing business as MONTANA REINS OF HOPE, each and every agent, employee or rider thereof, and the Wild2Ride Academy, all for the purposes herein referred to as "Releasees", from all liability to myself, my legal representative, distributes, guardians, assigns, heirs, and next of kin, all for purposes herein referred to as "Releasers", for injury, death, or damage resulting from my participation in said instruction and training as a result of the negligence of Releasees, or any employee, servant, agent, or contractor of Releasees. I FURTHER RELEASE AND DISCHARGE Releasees from all liability to Releasers for injury, death or damage resulting from my participation in said instruction and training as a result of the negligence of any other party or parties in attendance. In addition, I HEREBY RELEASE AND DISCHARGE Releasees from all actions, claims or demands Releasers now have or may hereafter have for injury, death, or damage resulting from my participation in such activities.
2. I HEREBY AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS Releasees and each of them, from any loss, liability, damage, or cost they, or any of them, may incur due to my participation in said instruction and training.
3. I HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of Releasees, or any of them, or of any employee, servant, agent, or contractor of Releasees resulting from my participation in said instruction or training.
4. I EXPRESSLY acknowledge that activities involving horses involve INHERENT RISKS which mean that there are dangers or conditions which are an integral part of horse activities and include, among other things, the propensity of a horse to behave in ways that may result in injury, harm or death to persons on or about them; and the unpredictability of a horse's reaction to such things as sounds, sudden movement and unfamiliar objects, persons, or other animals.

Riding Helmet and Apparel Warning

1. Participant acknowledges that all horse handlers and riders should wear protective headgear which meets or exceeds the quality standards of the SEI certified ASTM standard while

riding and being near horses and understands that the wearing of such helmet may reduce the severity of any injury incurred, and if Participant chooses not to wear such helmet, Participant assumes all such risk of injury resulting therefrom. All minors must wear protective headgear while riding, without exception.

2. Participant acknowledges that riding boots and protective clothing such as vests should be worn while riding, and Participant assumes the risk of injury if he or she chooses not to wear riding boots and/or protective clothing.

Personal Property

1. Participant acknowledges that while on the Mallard Ridge Ranch direct loss or damage, theft, or injury to Participant's, tack, or equipment is not covered by Releasees' insurance. Releasees shall not be responsible for such loss, damaged, stolen or injured property.

2. Participant understands that he or she is responsible for carrying his or her own health insurance and personal property insurance.

I HAVE CAREFULLY READ THIS RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND CORSO CO. L.L.C, DBA MONTANA REINS OF HOPE, AND I SIGN IT OF MY OWN FREE WILL AND FURTHER AGREE THAT NO ORAL REPRESENTATIONS, STATEMENTS, OR INDUCEMENTS APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE. I UNDERSTAND THAT I ASSUME ALL RISK INHERENT IN ACTIVITIES WITH HORSES. I UNDERSTAND THIS DOCUMENT IS A RELEASE OF ALL CLAIMS.

I VOLUNTARILY SIGN MY NAME EVIDENCING ACCEPTANCE OF THE ABOVE PROVISIONS.

Signature of Applicant("Releasor")

Printed Name of Applicant

Date

(Valid for one year from date)