

REGISTRATION AND STANDARD INFORMATION FORM

I, _____, (client), furnish the following information to the Outfitter which I state to be true and correct and accept responsibility for failure to disclose any condition or not fully stating such condition. I understand that I must furnish complete information to include physician's reports if the conditions are detrimental to my health if not disclosed. I will attach other sheets if necessary to fully disclose my condition(s).

Age _____ Weight _____ Height _____

Do you have any medical conditions we should be aware of?

Hughes Ranches, LLC

Do you have any dietary restrictions or allergies we should be aware of?

I understand that I have responsibilities as a participant in activities, which are part of the trip booked with **HUGHES RANCHES, LLC, A COLORADO LIMITED LIABILITY COMPANY** There are no mental or physical problems or limitations associated with my participation in the recreational activities which I have not disclosed in writing to **HUGHES RANCHES, LLC, A COLORADO LIMITED LIABILITY COMPANY** I am fully capable of participating in all activities.

Do you have any fears/concerns about activities you will be engaging in on the trip?

In case of emergency, whom should we contact?

Name _____ Relationship _____

Daytime phone number _____

Evening phone number _____

Horseback ability: Novice _____ Fair _____ Good _____ Excellent _____

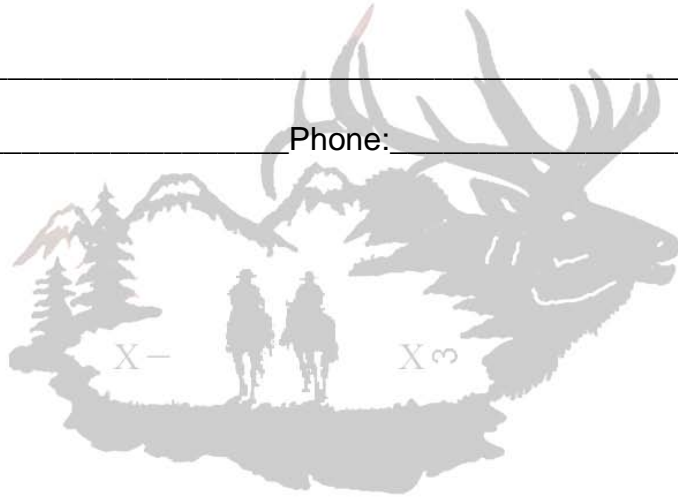
Client Signature: _____

Print Client name: _____

Street Address: *Hughes Ranches, LLC*

City/State/Zip _____

Date _____ Phone: _____



*Land * Livestock * Outfitters*
*Montrose, Colorado * HughesRanches.Net*