

**Registration Information**

**Geronimo Trail Guest Ranch  
1 Wall Lake Road  
Winston, New Mexico 87943**

**STABLE/OPERATOR NAME** hereinafter known as "GTGR"

**READ CAREFULLY AND COMPLETE ALL SECTIONS BEFORE SIGNING**

**A. REGISTRATION OF PARTICIPANT(s) AND PURPOSE:** I, as a listed individual, and/or as the parent or legal guardian of any listed minors, do hereby voluntarily agree to participate in horse rental services and/or equestrian services and/or guide and outfitter services under the terms provided by GTGR.

PARTICIPANT(s) NAME Please Print	Age (if under 18)	Date of Birth	Weight (Over 240 lbs?)	Horse Riding Experience
			If yes, please state weight.	Beg Adv Int
_____	_____	_____	Yes: ___ No ___ Wgt _____	___ ___ ___
_____	_____	_____	Yes: ___ No ___ Wgt _____	___ ___ ___
_____	_____	_____	Yes: ___ No ___ Wgt _____	___ ___ ___
_____	_____	_____	Yes: ___ No ___ Wgt _____	___ ___ ___
_____	_____	_____	Yes: ___ No ___ Wgt _____	___ ___ ___
Please let us know if any of your riders have a medical condition or food allergies that we should be aware of. Please list in the space to the right.				
<b>EMERGENCY NOTIFICATIONS:</b>				
Person to Contact in Case of Emergency: _____				
Relationship to Participant: _____				
Phone Number: _____				

**B. PROTECTIVE HEADGEAR/HELMET WARNING AND OFFERING: I/WE ACKNOWLEDGE THAT:** on behalf of myself and on behalf of my minor children and/or legal wards I/we have been fully warned and advised by GTGR that protective headgear/helmets should be worn while riding, handling and/ or being near horses and I/we understand that the wearing of such headgear/helmets may reduce the severity of any head or brain injuries and possibly prevent the wearer's death in the event of a fall or other incident. I/WE ACKNOWLEDGE THAT GTGR has offered me and my children and/or legal wards protective headgear/helmets. I/WE ACKNOWLEDGE THAT, if I/we choose to wear the protective headgear/helmet offered that, once provided and initially checked, I/we will be responsible for properly keeping the headgear/helmet secure on the participant's head at all times. I am not relying on GTGR or anyone associated with GTGR to monitor my compliance in wearing or not wearing the helmet/headgear.

**C. PROTECTIVE HEADGEAR HELMET ACCEPTANCE OR REFUSAL SELECTION**

**INITIAL** your choice:

**REFUSAL:** I/We refuse for this participant to wear any type of protective headgear/helmet and/or will provide **MY/OUR** own. **I/WE** assume full responsibility for **MY/OUR** safety in this decision.

**Signatures of each participant**

***Date***

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**ACCEPTANCE:** I/WE request for this participant to wear protective headgear/helmet which GTGR provides and will be solely responsible for securing the headgear/helmet on the participants head.

**Signatures of each participant**

***Date***

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____