

WAIVER OF LIABILITY AND RELEASE

THIS IS RELEASE OF LIABILITY OF Beltrami's Tally, Inc. D/B/A Buena Vista Ski Area/Ranch

READ THIS RELEASE CAREFULLY BEFORE SIGNING

I understand and am aware that tractor rides/ wagon rides and Sleigh rides can be a hazardous activity. I understand that tractor rides/ wagon rides and Sleigh rides involve risk of injury to any and all parts of my body.

I understand that horses are unpredictable by nature; that when frightened their instincts are to jump forward or sideways, to run away from danger, to kick, to rear up in front, or to bite.

I hereby agree to freely and expressly assume all risk of danger, injury or death resulting from tractor rides/wagon rides and Sleigh rides, at Beltrami's Tally, Inc. D/B/A Buena Vista Ski Area/Ranch. I understand and am aware that I am responsible for my bodily injury that I may suffer while riding at Beltrami's Tally, Inc. D/B/A Buena Vista Ski Area/Ranch. Any injuries that I may sustain, for whatever reason, are entirely my own responsibility. I understand that Beltrami's Tally, Inc. D/B/A Buena Vista Ski Area/Ranch are not responsible for any damages or expenses incurred.

I also expressly release forever Beltrami's Tally, Inc. D/B/A Buena Vista Ski Area/Ranch from all claims, demands, injuries, damages, actions or causes of actions, and from all acts of active or passive negligence on the part of Beltrami's Tally, Inc. D/B/A Buena Vista Ski Area/Ranch and its servants, agents, or employees and expressly agree that Beltrami's Tally, Inc. D/B/A Buena Vista Ski Area/Ranch shall not be liable for any claims, demands, injuries, damages, actions or causes of any manner connected with tractor rides/ wagon rides and Sleigh rides at Beltrami's Tally, Inc. D/B/A Buena Vista Ski Area/Ranch or the premises where such stable is located, on upon the fields, grounds, lands, or trails over which the rides are conducted.

By signing my name below, whether in person or by one of my representatives, I hereby agree to comply with all of the terms and conditions stated above for myself and any minors listed below.

Participant Printed Name	Participant Signature	Date	Age
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

I am signing for minors and agree to all of the above in their behalf.

Parent/Authorized Adult Signature _____

City _____ St _____ Zip _____

Medical Insurance Carrier _____ Policy # _____