

TRAIL RIDE/CLINIC RESERVATION FORM

Please fill out this form completely and return it to me as soon as possible with your trip fee so I may confirm your reservation. Please print or type. Thank you!

Riding Experience:

Beg. Int. Adv.

Name _____ Date of birth _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Others in my party are: (Please use back for address and phone numbers of additional members)

Beg. Int. Adv.

_____ Date of birth _____

Additional information (allergies, diet, any special needs, etc.)

Please provide information on the horses you will be taking on the ride:

Name: _____ Breed: _____ Age: _____ Sex: _____ (no stallions allowed)

Est. of # of times trailered: _____ Est. of hours ridden on trail: _____

Est. of # of events attended (shows, parades, etc.) _____

Other comments especially regarding behavior, disposition and training:

Please provide information on the horses you will be taking on the ride:

Name: _____ Breed: _____ Age: _____ Sex: _____ (no stallions allowed)

Est. of # of times trailered: _____ Est. of hours ridden on trail: _____

Est. of # of events attended (shows, parades, etc.) _____

Other comments especially regarding behavior, disposition and training:

Please describe the type and size of truck and trailer you will be driving:

Will you need a ride for yourself and/or your horse? _____ How many? _____ (Horse transport fee is \$150)

We will have a limited number of well trained, gentle trail horses for rent. Rental fee is \$125 for the entire weekend. Will you need to rent a horse? _____ How many? _____

Reservation: Please reserve _____ spaces for me for the Trail Ride/Clinic

Beginning date _____ Ending date _____

My \$600.00 total trip fee per person is enclosed along with any horse rental or horse transport fees if applicable. Total enclosed \$ _____

I understand that my trip fee is only refundable if trip coordinator is able to otherwise fill the time slot that I have reserved or for medical or family emergency that occurs at least two weeks prior to the date of my trip. I understand there will be no refund if cancellation occurs within two weeks of trip date. I understand that the package price does not include travel expenses en route to and from the ride location, or gratuities to staff members.

It is recommended that participants have a medical check-up, be in good health and have adequate travel, cancellation and accident insurance. While every effort is made to ensure a safe, enjoyable vacation, horseback trips and all the activities therein are not experienced without some risk.

Under Georgia law an equine provider is not liable for an injury to, or the death of a participant in equine activities resulting from the inherent risk of equine activities.

In consideration of, and as part payment for, the right to participate in such vacations and activities I hereby assume as my personal risk all the hazards and dangers of horseback vacations and all associated activities.

I release Shiloh Stables, Ed Dabney, ED DABNEY Gentle Horsemanship LLC, their owners, agents, relatives, landlords and employees from any liability of any kind for injury, death or damage which may befall me, my horse or my property while I am participating in this horseback vacation.

Signature of each participant:

_____ Date _____

_____ Date _____

(Use back for more signatures if necessary) Ed Dabney – PO Box 1211; Monroe, GA 30655;
(770) 314-9254 email ed@eddabney.com