

**ROCK CREEK PACK STATION, Inc.**  
**And RCPS, Inc. operating as Virginia Lakes Pack Outfit**

**VISITOR'S ACKNOWLEDGEMENT OF RISKS FORM**  
April 2015

In consideration of the services of Rock Creek Pack Station, Inc., their officers, agents, employees, and stockholders, and all other persons or entities associated with those businesses (hereinafter referred to as "RCPS") I agree as follows:

Although RCPS has taken reasonable steps to provide me with appropriate equipment and skilled guides so I can enjoy an activity for which I may not be skilled, RCPS has informed me this activity is not without risk. Certain risks are inherent in each activity and cannot be eliminated without destroying the unique character of the activity. These inherent risks are some of the same elements that contribute to the unique character of this activity and can be the cause of loss or damage to my equipment, or accidental injury, illness, or in extreme cases, permanent trauma or death. RCPS does not want to frighten me or reduce my enthusiasm for this activity, but believes it is important for me to know in advance what to expect and to be informed of the inherent risks.

I understand that I will be participating in a "Wilderness Experience" and which is defined: "All adventure activity in a wild, rugged, and uncultivated area or region, such as forest and/or hills and/or mountains and/or wetlands, which would likely be uninhabited by wild animals of many types and species including, but not limited to, mammals, reptiles and insects. These animals are not tame and may be savage, unpredictable and wandering at their will." I also understand my participation in any outdoor adventures could find me in severe weather conditions, including but not limited to: rain, snow, blizzard-like conditions, or extreme heat changes.

The following describes some, but not all, of those risks.

I am aware that anyone riding, handling, or even near a horse and/or mule can suffer bodily and other injuries. Among other things, horses and mules are unpredictable by nature. For example, when frightened, angry, or under stress, a horse or mule's natural instincts can be to jump forward or sideways, or run away from danger by trotting or galloping. I understand the unpredictability of a horse or mule's reaction to sounds, sudden movements, and unfamiliar objects, persons, or other animals; certain hazards such as surface or subsurface conditions on the land; and/or collisions with other horses, mules or objects. Horses and mules are also known to kick, buck, rear up, spin around, strike, or bite. I understand that horses and mules can do these things without warning. I also understand that horses and mules are powerful and have the potential to be dangerous.

I understand that riding, handling, or being near horses and/or mules can expose me to numerous hazards, which could include, for example: the propensity of a horse or mule to behave in ways that may result in injury, harm, or death to persons around them. I understand the description of these inherent risks is not complete and that other unknown or unanticipated inherent risks may result in injury or death. I agree to assume and accept full responsibility for the inherent risks identified herein and those inherent risks not specifically identified. My participation in this activity is purely voluntary, no one is forcing me to participate, and I elect to participate in spite of and with full knowledge of the inherent risks.

I am aware that anyone hiking by themselves or in a group can suffer bodily injuries. Among other things, hiking at high altitudes can cause altitude sickness, pulmonary edema, dehydration, and other bodily illnesses. I understand the risks include threats of walking on uneven terrain which could encourage slipping and falling, possibly leading to broken or fractured appendages, or even death. I acknowledge that hiking without a hiking guide could result in my misinterpretation of following the correct trail which could lead to, but is not limited to: getting lost, taking a wrong turn leading to more time and energy spent looking for camp, dehydration, and other physical ailments not specifically mentioned.

I acknowledge that engaging in this activity may require a degree of skill and knowledge different than other activities and that I have responsibilities as a participant. I acknowledge that the staff of RCPS has been available to more fully explain to me the nature and physical demands of this activity and the inherent risks, hazards, and dangers associated with this activity.

I certify that I am fully capable of participating in this activity. Therefore, I assume and accept full responsibility for myself, including all minor children in my care, custody, and control, for bodily injury, death or loss of personal property and expenses as a result of those inherent risks and dangers identified herein and those inherent risks and dangers not specifically identified, and as a result of my negligence in participating in this activity except to the extent such damage or injury may be due to the negligence of Rock Creek Pack Station operating as Virginia Lakes Pack Outfit.

I have carefully read, clearly understood, and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and bind upon myself, my heirs, assigns, personal representative and estate and for all members of my family, including minor children.

I, \_\_\_\_\_, refuse on my own behalf to wear any type of safety hat while being near horses and other riding animals on the requested trip.

I, \_\_\_\_\_, request that I wear a safety hat which the management will provide. I understand that the management may not be able to provide a safety hat that in every case will fit properly. Once provided, I understand that I will be responsible for securing the hat on my head prior to being near horses and other riding animals.

I, \_\_\_\_\_, will bring and provide a safety hat for myself and will wear while being near horses and other riding animals.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent, Guardian and/or Spouse**

\_\_\_\_\_  
**Address in Full**

\_\_\_\_\_  
**Signature of Parent, Guardian and/or Spouse**

\_\_\_\_\_  
**Street**

\_\_\_\_\_  
**City, State, Zip**

\_\_\_\_\_  
**Country**

\_\_\_\_\_  
**Primary Phone**

\_\_\_\_\_  
**Alternate Phone**