

W3 Outfitters LLC
500 Twelve Mile Gulch Road
Elk Springs, CO 81633
Toll Free: 877-826-0636

Client Information Form

I, _____(client), furnish the following information to W3 Outfitters LLC, which I state to be true & correct. This information is provided to enable the outfitter to determine my ability to engage safely in the recreational activities, which are part of the services I have booked with the outfitter.

Birthdate: _____ Height: _____ Weight: _____

1) Do you have any medical conditions we should be aware of? Please describe.

2) Do you have any dietary restrictions or allergies we should be aware of? Please describe.

3) Do you have any fears or concerns about the activities you will be engaging in on this trip? Please describe.

Horseback riding ability: Novice_____ Fair_____ Good_____ Excellent_____

In case of emergency, whom should we contact?

Name: _____ Relationship: _____

Hm: _____ Wk: _____ Cell: _____

I understand that I have responsibilities in the recreational activities, which are part of the services I have booked with W3 Outfitters LLC. I have fully disclosed any mental or physical conditions or limitations associated with my participation in the recreational activities associated with this trip. I am fully capable of participating in all activities.

Date: _____ Client Signature: _____

CID# _____ Print name: _____

Address: _____

Email: _____ Hm #: _____ Wk #: _____

Cell #: _____