



Enrollment Application  
Fill out and return to:  
Stillwater Ranch  
P.O. Box 731  
Sultan, WA 98294  
Make Checks Payable to: Stillwater Ranch

## **HORSE AND MULE PACKING CLINIC**

### **SULTAN, WASHINGTON**

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Email address: \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Do you have any physical disabilities/problems: Y N

If yes, please describe disabilities: \_\_\_\_\_

Any health issues we should be aware of: Y N

If yes, please describe: \_\_\_\_\_

Identify any food allergies: \_\_\_\_\_

Horse Experience None \_\_\_\_\_ Some \_\_\_\_\_ A lot \_\_\_\_\_

**Terms:** Our policy for deposits is that all monies paid are not refundable, and are considered as partial payment for the services of reserving time and space on the schedule and advance preparation of equipment and supplies. Personal or company checks & credit cards are accepted.

**Assumption of Risk by Participant:** The activities that will be undertaken as a direct or indirect result of this reservation are commonly known to have various risks inherent to them. By making this reservation, I agree that I knowingly and willingly accept those risks which are inherent in this activity or any associated activity. I will not hold, nor attempt to hold, Stillwater Ranch, Aaron Shirley, Dalton Sharpes or any of their agents or associates, responsible for loss, injury, or damages, as a direct or indirect result of my participation in those activities.

**I, the undersigned, have read, fully understand, and agree to the above terms, conditions, and assumption of risk as a condition of this application.**

Signature: \_\_\_\_\_ Date of Signature \_\_\_\_\_

NOTE: AFTER YOUR PAYMENT IS REMITTED,  
PLEASE EMAIL (DALTON@THESTILLWATERRANCH.COM)  
US YOUR DETAILS IN ORDER FOR US TO RESERVE  
YOUR SPOT IN THE PACKING CLASS!