



# DEEP CREEK HORSE CAMP

## Reservation Request Form

Please check availability (828-488-6961 or 828-736-1270) before requesting a reservation

Today's Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

# Nights \_\_\_\_\_

# Horses (\$10/night/horse) \_\_\_\_\_

# Camp Sites (\$20/night/site) \_\_\_\_\_

Total length of your rig, from front bumper to rear bumper \_\_\_\_\_

Do you need a rental camper trailer? (\$20/night for 3 people)  Yes  No; How many? \_\_\_\_\_

Arrival Date \_\_\_\_\_ Estimated arrival time \_\_\_\_\_

Departure Date \_\_\_\_\_

Referred by \_\_\_\_\_

Total Due \_\_\_\_\_

Comments \_\_\_\_\_

**IMPORTANT**

**Do NOT Use a GPS when driving to Deep Creek Horse Camp.** These systems may send you on a curvy route not suitable for your trailer.

Use the map and directions on our web site. Or call.

**Deposit** — A non-refundable deposit of one-half of your complete stay (including stalls, sites and sleeping quarters) is required when you make your reservation. **No Deposit = No Reservation! No roll-over deposits to next visit or next year.**

**Check Out no later than 12 noon. Check In after 12 noon.**

Amount of Deposit \$ \_\_\_\_\_ Balance Due \$ \_\_\_\_\_

Deposit payment by  Check No. \_\_\_\_\_  Cash  Money Order

**Make check payable to: James Clark**

James28713@aol.com  
828-488-6961 (home)  
828-736-1270 (cell)  
828-506-2765 (Jamie Clark)

**Mail deposit with this form to:**

James Clark  
**Deep Creek Horse Camp**  
750 W. Deep Creek Rd., #11  
Bryson City, NC 28713

**DeepCreekHorseCamp.com**

**Continue to Page 2:** Waiver and Release of Liability and Assumption of Risk Acknowledgement Form

**WAIVER AND RELEASE OF LIABILITY  
AND ASSUMPTION OF RISK ACKNOWLEDGEMENT**

DEFINITIONS:

**Facilities** – The stables, stalls, campsites, grounds and other facilities and improvements situated on or forming part of the property located at 750 West Deep Creek Road, Bryson City, North Carolina 28713.

**Indemnites** - James Clark and his family members, heirs, executors, administrators, successors and assigns.

**Indemnitor** – The individual signing below and his/her heirs, administrators, executors, and assigns.

The **Indemnitor** hereby releases, relinquishes, acquits and forever discharges the **Indemnites** and each of them from any and all liabilities, claims, causes of action, damages, obligations, suits, demands, costs and expenses of any sort or kind whatsoever or however arising, in law or in equity, whether known or unknown, whether in tort or in contract, which **Indemnitor** had or now has, or may have had or now may have, or that **Indemnitor** at any time in the future has or may have, against **Indemnites** or any of them as a consequence or arising out of (i) illness, injury and/or death to or of **Indemnitor** or any horse or other livestock or animal brought to the **Facilities** by **Indemnitor**, (ii) damage to or the destruction of vehicles, trailers or other property brought to the **Facilities** by **Indemnitor**, and (iii) **Indemnitor's** use of the **Facilities** and/or the services provided at the **Facilities**.

**Indemnitor** represents to **Indemnites** as follows:

1. I am 18 years of age or older.
2. I am signing this release, waiver of liability, and assumption of risk acknowledgement voluntarily and of my own free will.
3. I have no physical or emotional problems, nor any history thereof, which will impair my ability to utilize the **Facilities** and its services in a safe manner.
4. I understand and agree that it is my responsibility to assess the hazards presented by my use of the **Facilities** and services provided at the **Facilities** and further agree that I am the ultimate judge as to whether I can use the **Facilities** and services without risk of harm to myself or animals or property in my possession or under my control.
5. I have inspected the **Facilities**, agree that I will be using the **Facilities** on an **AS-IS, WHERE-IS** basis, and understand and EXPRESSLY ASSUME all the dangers incident to using the **Facilities** and the services provided at the **Facilities**.
6. My use of the **Facilities** is entirely optional and my own free choice.

**“INDEMNITOR”**

Signature: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_