



# LAWTON RANGERS



## Return to the Slick Hills

**Wander through the Wildflowers of the Wichita's  
All profits go to the Giddy Up 'N Go.**

**Sunday, September 13, 2015**

Gate opens at 8:00 A.M. Gate closes at 9:15 A.M.

Ride leaves at 9:30 A.M. sharp.

Short Cowboy Church Service Prior to Departure

Please plan an early arrival in order to enjoy a full day in the  
Slick Hills of Southwest Oklahoma on two large ranches.

**Lunch 1:00 PM – 2:00 PM Return to trailhead around 4:00 PM**

**From scenic Meers Oklahoma follow the signs 1 mile north**

**Then 3 miles west on Highway 115.**

**We are holding the line on inflation. \$20 recommended donation  
(lunch included)**

### **NEGATIVE COGGINS REQUIRED**

**Shoes needed: One rider per horse: Not responsible for accidents:**

**No alcoholic beverages. No dogs please: Ride at your own risk.**

**Send Pre-registration to:**

**Bill Whisenant**

**7203 SE Bishop Rd**

**Lawton, OK 73501**

**For info call: 580-695-5986**

**Or bring completed registration with you.**

**Make all checks payable to Giddy Up 'N Go.**

**If you plan to bring your registration form and payment of fees to the ride,  
please email the name of each rider that will be participating to**

**[billwhiz@lawtonnet.net](mailto:billwhiz@lawtonnet.net) or**

**call Bill Whisenant at 580-695-5986 with the names of each rider. This will  
give us approximate numbers for planning food requirements.**

**Waiver and Release of Liability  
Medical Care Authorization  
Registration Document  
(One Form Per Horse/Rider Combination)**

Each person participating in the Slick Hills Trail Ride must sign a Waiver!

Participant's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-mail: \_\_\_\_\_

I, the undersigned for myself or on behalf of a minor child entered in the Slick Hills Trail Ride, understand the risks and details of the above program and will obey myself and/or encourage the child to obey the rules and regulations laid down by the Slick Hills Trail Ride. I further hereby agree to hold harmless the Slick Hills Trail Ride, and any other person/persons allowing us to use their land or facilities, from all suits, actions, or claims brought on account of any injuries or damage sustained by person or property or the child's person or property in consequence of any neglect or misconduct by the Slick Hills Trail Ride and any other person/persons allowing us to use their land or facilities, or any of their employees or agents. In case of emergency, the physician to be contacted is \_\_\_\_\_, phone number \_\_\_\_\_,

I will participate alongside the above named child in the Trail Ride Activities, but if I am for some reason unable to give my consent to medical attention for myself or such child in person, I hereby grant permission to the adult supervisor or adult volunteer leaders of the Slick Hills Trail Ride to obtain medical care from any licensed physician, hospital, or medical clinic for myself or the above named child. This authorization shall include all Trail Ride activities, including the period required to travel to and from the activities.

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

Signature of parent or guardian: \_\_\_\_\_

Please sign waiver and return with appropriate fees prior to September 10, 2015 or bring the completed form to the ride. Make checks payable to Giddy Up 'N Go

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**CURRENT NEGATIVE COGGINS WILL BE CHECKED AT THE GATE**