

Dues
Old Capitol Saddle Club
 PO Box 261 - 751 Old highway 135 SW
 Corydon, IN 47112

Member
card given
[]

[] \$35.00 Single [] New membership [] Check # _____ Year paid _____
 [] \$50.00 Family [] Renew Membership [] Cash _____

Adult Membership Listing	<i>Home Phone</i>	
Print Name	Signature	Cell Phone Number

Address

City _____ *St* _____ *Zip* _____

E-Mail

Per the By-Laws, Article IV, Section 1, B. A family membership shall consist of the immediate family consisting of husband and wife and any unmarried children less than 21 years of age making their home with the parents.

Please provide birthdate of children

List children below Print Name	Signature	Birth Date 00 /00/ 0000
1		
2		
3		
4		
5		
6		

Date _____ Sponsored by _____

By your signature and membership with the Old Capitol Saddle Club, you have indicated that you accept the limits of liability resulting from inherent risks of equine activities.

Under Indiana law, an equine activity sponsor or professional shall not be liable for any injury to, or death of a participant or equine in equine activities resulting from the inherent risk of equine activities. *As added by P.L.1-1998, SEC.27.*

34-6-2-69. "Inherent risks of equine activities" means the dangers or conditions that are an integral part of equine activities, including but not limited to the following:

- (1) The propensity of an equine to behave in ways that may result in injury, harm, or death to persons on or around the equine.
- (2) The unpredictability of an equine's reaction to such things as sound, sudden movement, unfamiliar objects, people, or other animals.
- (3) Hazards such as surface and subsurface conditions.
- (4) Collisions with other equines or objects.
- (5) The potential of a participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the animal or not acting within the participant's ability.

Receipt for Dues Paid

Paid to: **Old Capitol Saddle Club**

Member's Name: _____

Year paid _____ [] Single \$ _____ [] Family \$ _____ [] Cash [] Check # _____

Date: _____ Payment Received by: _____