

O.C.S.C
BUCKLE SERIES SHOWS
DAVE DeWELL
MAY 31 CLINIC

WAIVER OF LIABILITY

I, _____ (print name) accept the limits of liability resulting from inherent risks of equine activities and agree to hold Old Capital Saddle Club, Inc., its board members, appointed agents, or volunteers (collectively "OCSC") harmless in case of injury or death to participant or horse. I acknowledge that OCSC is not responsible for theft, damage, or loss of personal property.

WARNING: Under Indiana law, an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities. IC 34-31-5-1.

Dated: _____ Signature _____

Signature of (circle one): Rider Parent Legal Guardian

Name _____

Address _____

Phone _____

Non refundable payment in full due by May 27, 2024
Make payment to OCSC by check or payment by Venmo (note Clinic)

Return signed form and check to:
Kim Lake
1339 Jacobs Ln Sw
Central, In. 47110

Treasurer OCSC
@TreasurerOCSC

