

DUNMORE EQUESTRIAN SOCIETY INDEMNITY AGREEMENT

ACKNOWLEDGMENT of RISK and RELEASE of LIABILITY – "For Participants NOT 18 years old" Please READ CAREFULLY and PRINT CLEARLY

Infant Participant's Name:	Date of Birth:			
Infant's Address:	City:	Prov: _	Postal:	
Guardian's Name:		Date of Birth:		
Guardian's Address:				
The Guardian must Read and Understand prior to the The following releases all claims, liability, assumption of are entered into by the Participant with and for the benefic officers, volunteers, business operators, and site property Initial each item below After	f all risks, agreement not to suct of the Dunmore Equestrian Scowners. (all of them collective Reading and Understanding the infant Participant named abound/or guardian and with the infant Participant named at the infant participant named at the Participant named name of the infant being a Participant name of the infant being a Participant name of the infant participant named at the Participate in Equine Act of participat	ine Activities and other term beiety their directly called the HC are item we and am executent that this for vely called RIS ence. NGEROUS content, tremors, vib- te to injury to the S" and the possilipant. Int Participant and tivity, I and my DST"; and or expense that pation due to an lity for property infant's Partici t I UNDERSTA- tricipant and/or expense and/or	s of this agreement ctors, employees, OST) atting this form on orm be binding on KS) associated additions which are on or around them arations, unfamiliar demselves or bility of personal add for the infant to a heirs, executors, I, the infant y cause including damage or pation. AND IT. I further our "Legal"	
(Print Name of HOST Witness to signing & initialing)	(Signature of Participant)			
(Signatura Host Witness)	X(Signature of Parent/Guard			
(Signature Host Witness)	(Signature of Parent/Guard	ian)		