



WAIVER, AGREEMENT, AND LIABILITY RELEASE

THIS FORM IS REQUIRED TO BE FILLED OUT AND SIGNED BY ALL PARTICIPANTS OF PCSC SHOWS.

- I am aware that anyone riding, handling, working with or near an equine at any location can suffer bodily and other injuries. Among other things equines are unpredictable by nature, they have the ability to kick, buck, rear, up, spin around, strike or bite. I understand that riding, handling and working with and even being near equines can expose me to numerous hazards. ***I understand these risks and dangers that are inherent in equine-related activities, and agree to assume all of them. I also understand that these are just some of the risks, and I agree to assume others that are not mentioned here. I am NOT relying on PCSC to list all possible equine-related risks in this agreement or at any time, now or in the future.***

- I understand that, for my own protection, I should purchase and wear a properly fitted and secured helmet, and if under 18 or 19 but showing in a Junior class I understand that I am required to wear a helmet when showing.

- Under Indiana Law, an equine professional is not liable for any injury to, or the death of a participant resulting from the inherent risks of equine activities. Horses are ridden at the your own risk! In case of an accident, injury, death or theft to the rider, horses, family or their property, no claim will be honored against this club, it's officers, members, or any one associated with said club.

- I have had sufficient opportunity to read and voluntarily release and by signing I (on behalf of myself, spouse, parents, heirs, representatives, assigns, minor child/ren or legal wards) forever release and discharge PCSC from injury, death, damages, claims, suits, and/or expenses.

- I intend and am aware that this agreement is valid and legally binding today and in the future and that by signing it I am giving up legal rights and/or remedies.

- By signing this agreement, I acknowledge that if anyone is hurt or property damaged by participation of myself and/or my minor child/ren in any of the activities, I may be found by a court of law to have waived my right to bring a lawsuit against any or all of the released parties.

- All of the information that I have provided is true and accurate.

MEMBER NON-MEMBER

NAME (please print clearly): _____

ADDRESS: _____

PHONE: _____

****If under 18****

NAME (please print clearly): _____

AGE: _____ DATE OF BIRTH: _____

NAME (please print clearly): _____

AGE: _____ DATE OF BIRTH: _____

NAME (please print clearly): _____

AGE: _____ DATE OF BIRTH: _____

SIGNATURE: _____ DATE: _____

PCSC representative: _____ DATE: _____