

**Dickinson State University**  
**Public Use of Indoor/Outdoor Arena and Grounds**  
**Horseback Riding & Equine Related Activities**

**Participant Roster and Waiver of Liability – ADULT**

**ROSTER INFORMATION:**

Participant Name (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

*Participants are approved to utilize the indoor and/or outdoor arenas upon their review of the "Public Use of Indoor/Outdoor Arenas Horseback Riding Operating Procedures," "Dickinson State University Arena Rules" and "Waiver of Liability, Indemnification, and Medical Release" form. Approval for participation is at the discretion of Dickinson State University and can be revoked at any time.*

**Dickinson State University's Waiver of Liability: (please initial)**

\_\_\_\_\_ I hereby acknowledge receiving/reviewing Dickinson State University's *Public Use of Indoor/Outdoor Arenas Horseback Riding Operating Procedures, Arena Rules, and Waiver of Liability, Indemnification, and Medical Release*, and **I accept the risk involved.**

\_\_\_\_\_ I affirm that I am at least 18 years of age and am freely signing this agreement.

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

***All information must be complete (address, telephone, signature, date) for this form to be accepted.  
Each individual (adult or child) must have a separate form.  
Forms will not be accepted with multiple people per form.***