

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

Participant Roster and Waiver of Liability – MINOR

ROSTER INFORMATION:

Minor Participant Name (Please Print): _____

Minor Participate AGE: _____

Participant's Parent/Legal Guardian: _____
(If participant is under 18)

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)

_____ As the participant's parent/legal guardian, 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.

Parent/Legal Guardian 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.***