

For Girls & Boys Junior High Wilderness Camps  
Return with Statement of Understanding/Medical  
Treatment form to LJCA 1880 W 275 N Angola,  
IN 46703

TRAIL TIME: \_\_\_\_\_  
HELMET: YES \_\_\_\_\_ NO \_\_\_\_\_  
SIGNED UP BY: \_\_\_\_\_

POKAGON SADDLE BARN  
8615 E. 700 N.  
Fremont, IN 46737  
(260) 833-6007

I hereby acknowledge that I have voluntarily applied to participate in an activity of horseback riding with Pokagon Saddle Barn.

I understand that the activity of horseback riding involves numerous risks of injury that are my responsibility and I assume these risks. I further understand that an animal irrespective of it's training and usual past behavior and characteristics may act or react unpredictable at times based upon instinct or fright which is a risk to be assumed by each participant in the riding activity.

To participate in the activity of horseback riding, I hereby release from any legal liability Pokagon Saddle Barn (Double D Services, Inc. and any employee) for any injury or death caused by or resulting from my participation in the activity of horseback riding. I agree not to sue, claim against, attach the property of or prosecute the Pokagon Saddle Barn (Double D Services and any employee).

This contract shall be legally binding upon me, my heirs, my estate, assigns, legal guardians, and my personal representatives.

I have carefully read this agreement and fully agree with it's contents.

**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 34-4-94; HEA 1551)

**THIS IS A RELEASE OF LIABILITY**

**DO NOT SIGN IF YOU DO NOT UNDERSTAND OR DO NOT AGREE WITH ITS TERMS.**

If signing for a minor child I hereby state that the child's name and age are as stated below. I am assuming all responsibility for said minor.

\_\_\_\_\_  
Minor's name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

I have been offered a protective riding helmet, which could prevent permanent brain damage in case of an accident. **I am refusing this critical safety precaution, against the advice** of the stable operator, trail guide and the insurance company.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date