

**WAIVER AND INFORMED CONSENT TO PARTICIPATE
IN S.C.A, Inc. EQUESTRIAN ACTIVITIES**

State of Indiana Equine Liability Form Rev 2007

NOTICE: Please read this document before signing. Signing this document affirms that you have read it and understand it in its entirety.

The Equine Activity Liability laws of the State of Indiana, § IC 34-31-5, state among its statutory provisions that, “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.

Society for Creative Anachronism, Inc. (“SCA”)
P. O. Box 360789, Milpitas, California 95036-0789 Tel (408) 263-0641 Fax (408) 263-0641

WAIVER AND INFORMED CONSENT TO PARTICIPATE IN SCA EQUESTRIAN ACTIVITIES

I, the undersigned, having read and understood the content of this document, agree and consent to the provisions contained herein. It is my intention and desire to participate in SCA period equestrian-related activities including but not limited to, riding or authorization check rides, horse-handling, ground crew, mounted games and combat, marshalling, or being present at equestrian activities as an observer or other activity related, however slight, to equestrian activities at events held by the Society for Creative Anachronism, Incorporated. I hereby acknowledge that I am fully aware of the nature, purpose and risks of equine activities of the SCA, Inc.. I acknowledge that these activities are potentially dangerous and that I voluntarily accept any of the inherent risks involved. In consideration for my being permitted to take part in these activities, I agree to be bound by the rules of the SCA, Inc. and to obey the directions of the marshals and other governing officials of activities. In the event of any disagreements or disputes arising from my taking part in these activities, I agree to submit such disagreements or disputes to a board of arbitration appointed by the SCA, Inc. and abide by any decisions reached by such board. I agree to release, hold harmless, and keep indemnified the Society of Creative Anachronism, Inc., its organizers and agents, officials, servants, and representatives from and against all claims, actions, costs, expenses and demands in respect to death, injury, loss or damage to my person or property, howsoever caused, arising out of or in connection with my taking part in these events even if the same may have been contributed to or occasioned by the negligence of the said body or any of its agents, servants, or representatives. It is understood and agreed that this agreement is to be binding upon myself, my heirs, executors and assigns under the laws of the State of Indiana related to Equine Activity Liability.

I UNDERSTAND THAT THIS IS A LEGAL DOCUMENT. I HAVE READ AND UNDERSTOOD THIS RELEASE AND I UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS MEANING AND SIGNIFICANCE. I HEREBY ASSUME ALL OF THE RISKS ASSOCIATED WITH EQUINE RELATED ACTIVITIES.

Legal Name (Please Print), Legal Signature, Date EMIC _____ EVENT _____

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____
- 7 _____
- 8 _____
- 9 _____
- 10 _____