



OHIO DRESSAGE SOCIETY
LAUREN CHUMLEY CLINIC – AUDITOR FORM

Clinic dates: November 26-27, 2022

ODS Members: \$15/Day Non-Members: \$25/Day
\$25/Weekend \$40/Weekend

Clinic will be hosted by **Milestone Farms**, 2678 Alward Road SW, Pataskala, OH 43062

Audit Date: Saturday _____ Sunday _____ Both _____

AUDITOR INFORMATION

Name _____ ODS Member? _____
Address _____
Phone _____ Email _____

FEES:

Checks should be made out to **Ohio Dressage Society**

Auditor Fee _____
Less ODS Bucks Applied* _____
Total Due _____

* Contact Michele Morscher at morscher.1@osu.edu for questions about using ODS Bucks. ODS Bucks balances are available at <http://www.ohiodressagesociety.com/membership.html>

<p>Please return this completed form with payment and signed release included:</p> <p>Jennifer Roth 2678 Alward Rd SW Pataskala, Ohio 43062</p>	<p>Questions? Contact: Jennifer Roth</p> <p>(937) 371-5262 or dressagerider1980@gmail.com</p>
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OHIO LIABILITY RELEASE AND ACKNOWLEDGEMENT

I AGREE that I choose to participate voluntarily in the Ohio Dressage Society's LAUREN CHUMLEY Clinic. I am fully aware and acknowledge that horseback riding and equine activities carry inherent dangerous risks of accident, loss, and serious bodily injury. In accordance with the Ohio Equine Liability Act, Ohio Revised Code 2305.321, I do hereby acknowledge the following INHERENT RISKS OF EQUINE ACTIVITIES:

- a) The propensity of an equine to behave in ways that may result in injury, death or loss to person on or around the equine;
- b) The unpredictability of an equine's reaction to sounds, sudden movement, unfamiliar objects, persons, or other animals;
- c) Hazards, including, but not limited to, surface or subsurface conditions;
- d) A collision with another equine, another animal, a person, or an object;
- e) The potential of an equine activity participant to act in a negligent manner that may contribute to injury, death, or loss to the person of the participant or to other person, including, but not limited to, failing to maintain control over an equine or failing to act within the ability of the participant.

I AGREE THAT: In consideration of the Ohio Dressage Society allowing my participation in Ohio Dressage Society's Lauren Chumley Clinic, under the terms set forth herein, I, the rider or auditor, and the parent or guardian thereof if a minor, do (a) agree to hold harmless and release Milestone Farms, Lauren Chumley, the Ohio Dressage Society, its agents, volunteers, employees, officers, members, premises owners, affiliated organizations, and insurers from legal liability due to any of their negligence or to the negligence or actions of other riders, auditors, clinicians, or spectators, (b) waive any legal claim I or my minor child or ward named above may have against Milestone Farms, Lauren Chumley, the Ohio Dressage Society, its agents, volunteers, employees, officers, members, premises owners, affiliated organizations, and Insurers for injuries resulting from any INHERENT RISKS OF EQUINE ACTIVITIES, as described above and in Ohio Revised Code 2305.321, and (c) agree that I am participating in the Lauren Chumley Clinic sponsored by the Ohio Dressage Society at my own risk and assume all risk of damage or injury to my person, horse, or property other than that due to the intentional misconduct of the Ohio Dressage Society. I understand that this waiver will remain effective unless and until revoked by me in writing. I also agree that the Ohio Dressage Society or its agents may terminate any activity at their discretion in order to maintain a safe, professional, and organized environment.

I understand and have read this Release/Agreement and agree to its contents:

Rider's or Auditor's Signature: _____

(If rider is a minor, this must be signed by the rider's parent or legal guardian)

Printed Name: _____

Minor's Name: _____

Date: _____