WELCOME SIGN IN PLEASE
(LIABILITY RELEASE PLEASE READ)
EVENT DATE_____

NAME	OHC MEMBER(X)	NON MEMBER(X)

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RECOGNIZING THE FACT THAT THERE IS A POTENTIAL FOR ACCIDENTS WHERE EVER HORSE USE IS INVOLVED WHICH CAN CAUSE INJURIES TO HORSES, RIDERS, AND SPECTATORS AND ALSO RECOGNIZING THE FACT THAT THE_____ CHAPTER OF THE OHIO HORSEMAN'S COUNCIL INC. AND ALL OTHER STATE CHAPTERS THROUGHOUT OHIO, STATE/ LOCAL OFFICERS, DIRECTORS, OR MEMBERS, CANNOT ALWAYS KNOW THE CONDITIONS OF TRAILS, ROADWAYS, OR THE EXPERIENCE OF THE RIDERS, DRIVERS, OR HORSES TAKING PART IN TRAIL RIDES OR DRIVING EVENTS OR OTHER_____ CHAPTER OF THE OHIO HORSEMAN'S COUNCIL EVENTS, OR FUNCTIONS. I HEREBY RELEASE THE ABOVE NAMED FROM ANY CLAIM OF LIABILTY OF DAMAGES OR INJURY WHICH MIGHT OCCUR TO ME, MY MINOR CHILDREN, OR HORSES.