

**SHIPSHEWANA AREA HISTORICAL SOCIETY
REMINISCES OF SHIPSHEWANA APPLICATION
JUNE 14-15, 2013**

c/o Shipshewana Area Historical Society, P. O. Box 929 Shipshewana In. 46565
Ph. 260-768-3030 E-mail: sahs1889@gmail.com Website www.sahs.us

Name _____

Address _____

city _____ zip _____

Ph. _____ email _____

**WHAT I WILL
DISPLAY,** _____

LIABILITY WAIVER

I hereby, of my own free will, absolve, release, and hold free of any responsibility whatever, the Shipshewana area Historical Society and the Town of Shipshewana, or its officers, employees, members, or representatives from any injury or accident occurring to person or family and any loss or damage to my property while engaged in any activity whatsoever while on the grounds of the Shipshewana Area Historical Society and Towns of Shipshewana. I have my own insurance on the tractor, engine, truck, or equipment.

As an exhibitor, I hereby agree to conform to all rules of the Shipshewana Area Historical Society as approved by the Board of Directors, and will not exhibit, display or sell any items prohibited by the State of Indiana.

Signature _____ Date _____

Spouse's signature _____ Date _____