



DC
EDUCATION SINCE 1970

Daly College, Indore
Notice

Date: 15.04.2023

No. DC/Games

Dear Parent,

This is to inform you that Horse Riding Summer Coaching camp is being organized from 01.05.2023 to 20.05.2023 for the students of classes VI to XII
Timing - Morning 6.00am onwards, Evening 4.30pm onwards
Venue - Horse riding arena behind DC chef.
First come, first serve basis, only 30 students can be enrolled.

INSTRUCTIONS FOR PARTICIPANTS:-

1. Boarding facility will not be provided during the coaching camp.
2. The camp are only meant for the regular students of The Daly College.
3. There will be a charge for the riding camp. **Charges would be Rs. 7000/-** which could be deposited in the School by way of Cheque /Cash. Cheque to be made in favour of "Daly College".
4. Dress- Riding dress to be worn (Jeans/breeches and flat sole shoes)
5. Participants will have to make their own transportation arrangements.
6. Parents should sign the consent form and Indemnity Bond printed below without which students will not be allowed to attend the coaching camp. Consent forms should reach **Mr. Shailendra Singh Shaktawat, by 25th April, 2023.**

Principal

Consent Form

To,
The Dean Sports,
Daly College, Indore

Date: _____

Sir,

I hereby give my consent for my son / daughter _____ Of

Class _____ Section _____ House No. _____ to attend the Horse Riding Coaching Camp.

Please find enclosed a cheque for Rs.7000/- bearing No. _____

dated _____ of _____ bank towards the summer camp charges.

Signature of Parent

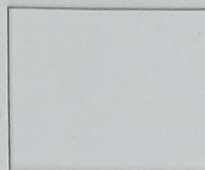
Full Name _____

Mobile No. _____



DC
EDUCATION SINCE 1870

INDEMNITY BOND FOR STUDENTS,
CIVILIAN AND THEIR DEPENDENTS IN
DALY COLLEGE, INDORE



In consideration of my self / Son / Daughter _____ Class
_____ Section _____ House No. _____ riding on the Daly College Horse in charge of the
Principal, Daly College, Indore, agree that neither I nor my heir, executors, administration or
other legal representatives shall make any claims against the Daly College or against other
Officer or teacher, instructor or any employee of the Daly College or any person in the service
of the Daly College, in respect of any loss or injury to person or property including injury
resulting in death, which the said Mr. /Mrs. / Mast / Miss _____ may
suffer, while in the process of riding horses or other discipline of horses or visiting riding area /
stables. I agree that no compensation will be paid by the Daly College or any employee of Daly
College or any person in the service of Daly College in respect of any such loss or injury. I
further agree to bind my heirs, my executors and administration to indemnify you and any
person in the Daly College against any claim, may be made by any third party and further agree
to indemnify you or any other person from any action arising out of any act or by default, on
my part during or in connection with such riding or equestrian related activities of the Daly
College Horse.

Daly College, Indore

(Signature of the parent / guardian)

Date: _____

Name _____

Address _____

Mobile No. _____ (Mother)

_____ (Father)

COUNTERSIGNED BY DALY COLLEGE

RIDING INSTRUCTOR

RIDING CLUB INCHARGE

DEAN SPORTS