

SAFETY HELMET WAIVER

I, _____, acknowledge that there is the potential for many inherent dangers and possible personal injuries or death involved in all equine related activities. I am assuming this and all other hazards upon myself as I choose to ride without recommended protective headgear. I realize that I am subjecting myself to possible injury or even death from this activity and that no form of pre-planning can remove all dangers involved in equine related activities. I have chosen to ride without a recommended protective helmet, with no coercion of any other individual, and I understand the risks involved in horseback riding. Those risks which I agree to assume on my own behalf and on behalf of the below listed minors include, but are not limited to the following:

- **The risk of head injury from falling off a horse due to bucking or abrupt movement by the horse;**
- **The risk of head injury from falling off a horse due to loss of balance while on the horse or inability to control the horse;**
- **The risk of head injury from falling off a horse due to a malfunction or failure of the saddle, bridle, reins or other equipment on the horse;**
- **The risk of head injury from falling off a horse that has fallen, stumbled or tripped;**
- **The risk of head injury from being kicked or bitten by a horse;**
- **The risk of head injury from the natural conditions on the land such as mud, rocks, uneven terrain, holes, fallen logs, low hanging limbs or wildlife on the property;**
- **The risk of head injury from man-made conditions, appliances or equipment present on the land.**

Owner/Client: _____

Date: _____

(Parent or legal Guardian please sign below)

INDEMNIFICATION

If under eighteen years of age, a parent or guardian must sign the following indemnification:

_____ Name of Minor:	_____ DOB:
_____ Name of Minor:	_____ DOB:
_____ Name of Minor:	_____ DOB:

In consideration for the above listed minors legally in my care,
I, _____, the undersigned parent or legal guardian, hereby joins in the foregoing **Waiver and Release** listed above and agrees to hold harmless, indemnify, and forever defend **SILVER CREEK STABLES LLC**, its owners, officers, employees and all those in privity with them, including but not limited to the owner(s) of the Silver Creek real property or improvements and grant permission for my child to ride on all property and land of **SILVER CREEK STABLES LLC** without recommended protective headgear. I understand the many risks and dangers involved in equine related activities, including for minors. I, for myself and said minor(s), further agree not to sue **SILVER CREEK STABLES LLC** as a result of any injury, paralysis and/or death that said minor suffers in connection with his or her activity on **SILVER CREEK STABLES LLC** land and property, in particular in regards to **the free choice decision made by myself to allow my child to RIDE HORSES WITHOUT A HELMET.**

Nothing in this Waiver shall be construed as waiving or limiting the protections afforded to owners of land under the Nebraska Recreation Liability Act (Neb. Stat. 37-730 et seq.) or the protections afforded to equine professionals under Neb. Stat. 25-21,249 et seq.

_____ Signature of Parent or Legal Guardian:	_____ Date:
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