

SAFETY EQUIPMENT ACKNOWLEDGMENT AND RELEASE FORM

(For Participants Over the Age of Majority)

Please Print Clearly

Participant's Name: _____ Date of Birth: _____

Address: _____ City _____ Prov. _____ Postal _____

No person riding without a helmet designed for equine activities will be allowed to participate in equine activities prior to reading and signing this form.

TO: _____,
their directors, employees, (Name of Person, Organization or Company providing the Equine Activities)
officers, volunteers, business operators, and site property owners, (all of them collectively called the HOST):

ACKNOWLEDGMENTS AND STATEMENTS OF PARTICIPANT

Initial each item below After Reading and Understanding the item.

- _____ **1) I Understand the RISKS** inherent in equine activities as evidenced by the separately signed Acknowledgment of Risk and Release of Liability Form on file with the "Host".
- _____ **2) I Understand** wearing proper safety equipment may reduce injury even though no amount of preplanning can remove all the **DANGERS, HAZARDS, and RISKS** of equine activities.
- _____ **3) I have Freely Decided to ride without wearing a helmet** designed for equine activities which might prevent permanent brain damage in the event of an accident.
- _____ **4) I have Refused Critical Safety Equipment** for equine activities against the advice of the "Host".
- _____ **5) I Fully Assume all additional DANGERS, HAZARDS, and RISKS** to which my decision to ride without a helmet might expose me.
- _____ **6) I Understand that signing this form Waives certain Legal Rights** I might have against the "Host".

Before signing this form I read it (as indicated by my initials above) **and I state that I understand it. I further state I am aware that signing this form, waives certain legal rights I and/or the infant Participant and/or our "Legal Representatives" might have against the "HOST".**

SIGNED This _____ day of _____, 20_____

(Signature of Participant)

Do Not Sign until you Understand All Items Above

(Print HOST Name Witness to Signing & Initialing)

(Signature of HOST Witness)

SAFETY EQUIPMENT ACKNOWLEDGMENT AND RELEASE FORM
(For Participants Under the Age of Majority)

Please Print Clearly

Infant Participant's Name: _____ Date of Birth: _____

Infant's Address: _____ City _____ Prov. _____ Postal _____

Parent/Guardian Name: _____ Date of Birth: _____

Parent/Guardian Address: _____ City _____ Prov. _____ Postal _____

No person riding without a helmet designed for equine activities will be allowed to participate in equine activities prior to reading and signing this form.

Parent/Guardian must Read and Understand prior to the Infant Participating in Equine Activities

TO: _____,
their directors, employees, (Name of Person, Organization or Company providing the Equine Activities)
officers, volunteers, business operators, and site property owners, (all of them collectively called the HOST):

ACKNOWLEDGMENTS AND STATEMENTS OF PARENT/GUARDIAN

Initial each item below After Reading and Understanding the item.

- _____ **1) I am the Parent or Legal Guardian of the infant Participant** named above and am executing this form on behalf of the infant Participant in my capacity as parent or guardian with the **intent this Form Is To Be Binding on Myself and the Infant Participant for All Legal Purposes.**
- _____ **2) I Understand the RISKS** inherent in equine activities as evidenced by the separately signed Acknowledgment of Risk and Release of Liability Form on file with the "Host".
- _____ **3) I Understand** injury may be reduced by wearing proper safety equipment and that no amount of preplanning can remove all the **DANGERS, HAZARDS, and RISKS** of equine activities.
- _____ **4) I have Freely Decided** to allow the infant Participant to ride without wearing a helmet designed for equine activities which might prevent permanent brain damage in the event of an accident.
- _____ **5) I have Permitted the Refusal of Critical Safety Equipment** against the advice of the "Host".
- _____ **6) I Assume Full Responsibility for all additional DANGERS, HAZARDS, and RISKS** of injury my decision to permit riding without a helmet might expose the infant Participant.
- _____ **7) I Agree to HOLD HARMLESS and INDEMNIFY** the "Host" from any and all liability for injury resulting from the infant Participant riding without a helmet designed for equine activities.
- _____ **8) I Understand that signing this form Waives certain Legal Rights** that I or the infant Participant might have against the "Host".

Before signing this form I read it (as indicated by my initials above) **and I state that I understand it. I further state I am aware that signing this form, waives certain legal rights I and/or the infant Participant and/or our "Legal Representatives" might have against the "HOST".**

SIGNED This _____ day of _____, 20____

(Signature of Parent/Guardian)

Do Not Sign until you Understand All Items Above

(Print HOST Name Witness to Signing & Initialing)

(Signature of HOST Witness)