

# PROTECTIVE EQUESTRIAN HEADGEAR REFUSAL AND RELEASE AGREEMENT

AHEAD With Horses Inc

Provider's name - hereinafter known as "THIS PROVIDER"

10157 Johanna Ave., Shadow Hills, CA 91040

Location or Address of THIS PROVIDER

## PLEASE READ CAREFULLY BEFORE SIGNING

PRINT NAME OF RIDER: \_\_\_\_\_

ADDRESS OF RIDER: \_\_\_\_\_

### WARNING AND REFUSAL TO WEAR STATEMENT

I, for myself and/or on behalf of my child or legal ward, have been offered an SEI Certified – ASTM Equestrian Helmet and have been warned and advised by **THIS PROVIDER**, and I do understand, that not wearing protective headgear increases the risk of serious injury and/or death. By signing this form, the rider and the parent or guardian thereof if a minor is/are refusing to wear protective headgear.

### RELEASE OF LIABILITY

I, for myself and/or on behalf of my child or legal ward, heirs, administrators, personal representatives or assigns, release and discharge **THIS PROVIDER** and their respective officers, directors, employees, agents, representatives, insurers, assigns, and others acting on their behalf, of and from all claims, demands, or causes of action, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of bodily injury or property damage that may be sustained, or property damage which may occur, as a result of not wearing an SEI Certified – ASTM Equestrian Helmet.

### **SIGNER STATEMENT OF AWARENESS**

**I/WE, THE UNDERSIGNED, HAVE READ THE FOREGOING STATEMENT CAREFULLY BEFORE SIGNING AND DO UNDERSTAND ITS WARNINGS AND ASSUMPTION OF RISK.**

\_\_\_\_\_  
SIGNATURE OF RIDER (SPOUSES MUST SIGN FOR THEMSELVES.) DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT, GUARDIAN AND/OR SPOUSE #1 for \_\_\_\_\_ NAME OF RIDER (PLEASE PRINT) DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT, GUARDIAN AND/OR SPOUSE #2 for \_\_\_\_\_ NAME OF RIDER (PLEASE PRINT) DATE \_\_\_\_\_