

PROTECTIVE EQUESTRIAN HEADGEAR AGREEMENT AND RELEASE

[TO BE COMPLETED WHEN RIDER WEARS HELMET OFFERED BY THIS PROVIDER]

Provider's name - hereinafter known as "This Provider"

Location

PLEASE READ CAREFULLY BEFORE SIGNING

PRINT NAME OF RIDER: _____

ADDRESS OF RIDER: _____

This Provider has offered and provided, at my request, an equestrian helmet that meets or exceeds SEI certification - ASTM F 1163 standards for use when riding or near horses.

I, for myself and on behalf of my child and/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 the use of the helmet provided.

I also understand that neither **This Provider**, nor its employees can guarantee the suitability of any helmet provided.

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

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

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

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

OWNER'S NAME AND ADDRESS _____ OWNER'S PHONE _____

_____ OWNER'S PHONE _____
