

## HELMET WAIVER

All participants in horseback riding lesson and ALL RIDING ACTIVITIES at **Rancho Tujunga** will wear a helmet meeting the current safety standards as recommended by the ASTM/SEI. Helmets will be provided for students who do not own their own.

I AM AWARE THAT HORSEBACK RIDING AND RELATED ACTIVITIES ARE HAZADOUS. I UNDERSTAND THESE ACTIVITIES MAY RESULT IN INJURY OR DEATH.

I FURTHER UNDERSTAND THAT IT IS THE WRITTEN POLICY OF THE FACILITY THAT ALL RIDERS MUST WEAR A HELMET (ASTM/SEI RATED) UNDER THE FOLLOWING CIRCUMSTANCES:

1. WHILE JUMPING ANY OBSTACLES AND/OR JUMPS ON THE PROPERTY.
2. ALL JUNIOR RIDERS (17 & UNDER) WHILE MOUNTED

FAILURE TO COMPLY WITH THIS RULE WILL RESULT IN MY PERMANENT LOSS OF PRIVILEGE OF USE AND MY REMOVAL FROM THE FACILITY.

I UNDERSTAND THAT I ASSUME GREATER RISKS IF I CHOOSE NOT TO WEAR A HELMET AT ALL TIMES. I KNOW AND AGREE THAT, *WHILE RIDING MY OWN HORSE*, SHOULD I CHOOSE NOT TO WEAR A HELMET, GREATER INJURY OR DAMAGE MAY OCCUR TO MYSELF IN THE EVENT OF AN ACCIDENT. I HEARBY AGREE TO ACCEPT ANY AND ALL RISK OF INJURY OR DEATH, AND VERIFY THIS STATEMENT BY PLACING MY INITIALS HERE:

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I have carefully read this agreement in full and understand its contents. I am aware that this is a release of liability and a contract between this facility, and myself and I hereby enter the contract of my own free will.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

DATED: \_\_\_\_\_ Signed \_\_\_\_\_

(Signature of Parent/Guardian of Minor)