**Helmet Release Waiver**

**Participant Information:**

**- Full Name: \_\_\_**Click or tap here to enter text.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**- Date of Birth: \_**Click or tap here to enter text.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**- Address: \_\_**Click or tap here to enter text.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**- Phone Number: \_**Click or tap here to enter text.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*\*Acknowledgment of Risks and Release of Liability:\*\***

**I, the undersigned participant (or parent/guardian if participant is a minor), acknowledge and agree to the following:**

**1.Helmet Use: I understand that wearing an equestrian helmet can significantly reduce the risk of head injuries. I acknowledge that the helmet must be properly fitted and securely fastened to offer maximum protection.**

**2. Inherent Risks: I acknowledge that horseback riding and related activities carry inherent risks, including but not limited to falls, kicks, bites, and collisions, which may result in serious injury or death.**

**3.Helmet Condition:I confirm that the helmet I am using is in good condition and meets current safety standards. I understand that using a damaged or outdated helmet can compromise its effectiveness.**

**4. Waiver of Liability: I hereby release and hold harmless CLT Farms Equestrian Healing Center LLC, its owners, employees, agents, and representatives from any and all claims, demands, actions, or causes of action arising out of or related to any injury, damage, or loss sustained by me while participating in horseback riding activities, including the use of an equestrian helmet.**

**5. Assumption of Risk: I voluntarily assume all risks associated with horseback riding activities and acknowledge that I am responsible for my own safety and well-being.**

**I choose on my own will *to not* wear a helmet provided by CLT Farms Equestrian Healing Center LLC and hereby release them of any responsibility in case of any accidents, falls, concussions, or other head injury.**

**Participant Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** Click or tap to enter a date.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature (if participant is a minor): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** Click or tap to enter a date.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**