

**Safety Equipment**

**Acknowledgement and Release Form**

**WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS. READ IT CAREFULLY!**

**(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: After the Rein Equine Assisted Wellness and With a Twist Ranch,

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 my "Legal Representatives" might have against the “HOST”.

SIGNED This \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , 20\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Participant)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print HOST Name Witness to Signing & Initialing) (Signature of HOST Witness)