

G. **PROTECTIVE HEADGEAR / HELMET WARNING AND OFFERING:** I / WE AGREE THAT: I for myself and on behalf of my child and / or legal ward have been fully warned and advised by the SPONSOR that a protective headgear / helmet, which meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F 1163 Equestrian Helmet, should be worn while riding, handling, and / or being near horses, and I understand that the wearing of such headgear / helmet at these times may reduce severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as the result of a fall and other occurrences. I / WE ACKNOWLEDGE THAT: If I choose to wear the protective headgear / helmet that I will be responsible for obtaining it and properly securing the headgear / helmet on the PARTICIPANT'S head at all times. I am not relying on the SPONSOR and / or its associates to provide such headgear, and / or to check any headgear / helmet or headgear / helmet strap that I may wear, or to monitor my compliance with this suggestion at any time now or in the future.

H. **LIABILITY RELEASE:** I / WE AGREE THAT: In consideration of the SPONSOR'S allowing my participation in this activity, under the terms set forth herein, I for myself and on behalf of my child and / or legal ward, heirs, administrators, personal representatives or assigns, do agree to release, hold harmless, and discharge the SPONSOR, and their agents, employees, officers, directors, representatives, assigns, members, owners of premises, roadways, and trails, affiliated organizations, and Insurers, and others acting on their behalf (hereinafter, collectively referred to as "Associates"), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to the SPONSOR'S and / or ITS ASSOCIATE'S ordinary negligence or legal liability; and I do further agree that except in the event of the SPONSOR'S gross negligence and / or willful and / or wanton misconduct, I shall not bring any claims, demands, legal actions and causes of action, against the SPONSOR and ITS ASSOCIATES as stated above in this clause, for any economic and non-economic losses due to bodily injury and / or death, and / or property damage, sustained by me and / or my minor child or legal ward in relation to the property, premises, and operations of the SPONSOR, to include while riding, handling, or otherwise being near horses owned by me or owned by other third parties, or owned by the SPONSOR, or in the care, custody and / or control of the SPONSOR, whether on or off the premises of the SPONSOR, but not limited to being on the SPONSOR'S premises.

G. **EQUINE ACTIVITY LIABILITY ACT [EALA] WARNING OR LANGUAGE:** [This clause applies only for operations located in these states: AL, AZ, CO, DE, FL, GA, IL, IA, IN, KY, KS, LA, ME, MA, MI, MS, MO, NE, NC, OH, OK, OR, RI, SC, SD, TX, TN, UT, VA, VT, WV, and WI.] I / WE ACKNOWLEDGE THAT: I have reviewed this state's EQUINE ACTIVITY LIABILITY ACT WARNING OR LANGUAGE, a copy of which is attached hereto and incorporated as if fully set forth herein. **INSTRUCTION TO SIGNERS:** DO NOT SIGN UNLESS A COPY OF THE EALA WARNING OR LANGUAGE IS ATTACHED TO THIS AGREEMENT.

All Legal Age EVENT PARTICIPANTS must sign below after reading this entire document. The Parents or Legal Guardians of minor PARTICIPANTS and of PARTICIPANTS who are under guardianship must sign below after reading this entire document.

SIGNER STATEMENT OF AWARENESS:

I / WE, THE UNDERSIGNED, REPRESENT THAT I / WE HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, LIABILITY RELEASE AND ASSUMPTION OF RISK AGREEMENT, AND I / WE UNDERSTAND THAT BY SIGNING THIS DOCUMENT I AM GIVING UP RIGHTS TO SUE TODAY AND IN THE FUTURE. I / WE ATTEST THAT ALL FACTS ARE TRUE AND ACCURATE. I AM SIGNING THIS WHILE OF SOUND MIND AND NOT SUFFERING FROM SHOCK, OR UNDER THE INFLUENCE OF ALCOHOL, DRUGS OR INTOXICANTS.

All legal age EVENT PARTICIPANTS and / or parents and / or legal guardians must sign below:

1. Print Name	Signature	Date
2. Print Name	Signature	Date

Print Below: The names and ages of all minor children and legal ward EVENT PARTICIPANTS for which I / WE am legally responsible:

1. _____	Age _____
2. _____	Age _____
3. _____	Age _____
4. _____	Age _____
5. _____	Age _____

PARTICIPANT'S Address In Full _____

Home Phone # _____ Bus. Phone # _____ Cell Phone# _____

PERSON TO CONTACT IN CASE OF EMERGENCY _____ RELATIONSHIP TO PARTICIPANT _____ () _____ PHONE NUMBER _____