



RIDING HELMET WAIVER

I the undersigned acknowledge that there are dangers inherent with horseback riding including being thrown to the ground. I am assuming this and other hazards upon myself since I wish to ride without a helmet.

I realize I am subject to injury from this activity and that no form of pre-planning can remove all dangers to which I am exposing myself. I have chosen to ride without a protective helmet, which could prevent permanent brain damage in the event of an accident. Even considering my own knowledge of the medical statistics relating to horse related injuries I am refusing this critical safety precaution.

I have read and understand the risks described above.

Adult Horseman’s Signature
(parent or legal guardian sign below)

Adult Horseman’s Printed name
Date: _____ Age: _____

INDEMNIFICATION

If under eighteen years of age, parent or legal guardian must sign the following indemnification:

Name of Minor (NEATLY PRINT) _____

In consideration for the above minor being permitted by _____ to ride in a Healing Hoof Steps

Event, I agree to the following waiver, release, and indemnification:

The undersigned parent or legal guardian of the above minor for himself/herself and on behalf of said minor(s), hereby joins in the foregoing Waiver and Release and hereby stipulates and agrees to save and hold harmless, indemnify, and forever defend HEALING HOOF STEPS, their liabilities (including reasonable attorney’s fees and NEGLIGENCE made or brought by said minor or by anyone on behalf of said minor, as a result of said minor’s activity of riding his/her horse and his or her use of the property and facilities of HEALING HOOF STEPS, CRESTVIEW, FL. I, for myself and on behalf of said minor, further agree not to sue HEALING HOOF STEPS, CRESTVIEW, FL as a result of any injury, paralysis or death that said minor suffers in connection with his/her activity on HEALING HOOF STEPS, CRESTVIEW, FL property, in particular with regard to the free choice decision made to allow said minor to RIDE WITHOUT A HELMET.

Date _____
Signature of Parent or Legal Guardian _____
Print Name of Parent or Legal Guardian _____



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