

SAFETY EQUIPMENT ACKNOWLEDGMENT AND RELEASE FORM
(For Participants Under the Age of Majority)

Please Print Clearly

Infant Participant's Name: _____ Date of Birth: _____

Infant's Address: _____ City _____ Prov. _____ Postal _____

Parent/Guardian Name: _____ Date of Birth: _____

Parent/Guardian 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.

Parent/Guardian must Read and Understand prior to the Infant Participating in Equine Activities

TO: Saskatchewan Cowboy Dressage
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 PARENT/GUARDIAN

Initial each item below After Reading and Understanding the item.

- _____ 1) I am the Parent or Legal Guardian of the infant Participant named above and am executing this form on behalf of the infant Participant in my capacity as parent or guardian with the **intent this Form Is To Be Binding on Myself and the Infant Participant for All Legal Purposes.**
- _____ 2) 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".
- _____ 3) I Understand injury may be reduced by wearing proper safety equipment and that no amount of preplanning can remove all the **DANGERS, HAZARDS, and RISKS** of equine activities.
- _____ 4) I have **Freely Decided** to allow the infant Participant to ride without wearing a helmet designed for equine activities which might prevent permanent brain damage in the event of an accident.
- _____ 5) I have **Permitted the Refusal of Critical Safety Equipment** against the advice of the "Host".
- _____ 6) I **Assume Full Responsibility** for all additional **DANGERS, HAZARDS, and RISKS** of injury my decision to permit riding without a helmet might expose the infant Participant.
- _____ 7) I **Agree to HOLD HARMLESS and INDEMNIFY** the "Host" from any and all liability for injury resulting from the infant Participant riding without a helmet designed for equine activities.
- _____ 8) I **Understand that signing this form Waives certain Legal Rights** that I or the infant Participant 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 the infant Participant and/or our "Legal Representatives" might have against the "HOST".

SIGNED This _____ day of _____, 20_____

(Signature of Parent/Guardian)

Do Not Sign until you Understand All Items Above

(Print HOST Name Witness to Signing & Initialing)

(Signature of HOST Witness)