Horses In Service ~ Natural Therapeutic Riding Center
Protective Equestrian Headgear Agreement And Release

**Participants must complete, sign and date both pages of document

To Be Completed When Participant Wears Helmet Offered By This Provider

THIS PROVIDER: Horses In Service Natural Therapeutic Riding Center

Provider's Name – hereinafter known as "**This Provider**"

LOCATION: Fox Chase Farm, 6301 Hines Road, Richmond VA 23231

Participant Name:_____

Address: _____

City _____ State: VA Zip: _____County: _____

This Provider has offered and provided, at my request, an equestrian helmet that meets or exceeds **SEI certification – ASTM F 1163** standards for use when riding or near horses.

I, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives, or assigns, release and discharge **This Provider** and their respective officers, directors, employees, agents, representatives, insurers, assigns, and others acting on their behalf, of and from all claims, demands, or causes of action, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of bodily injury or property damage that may be sustained, or property damage which may occur, as a result of the use of the helmet provided.

I also understand that neither **This Provider**, nor its employees can guarantee the suitability of any helmet provided.

SIGNER STATEMENT OF AWARENESS

I/we, the undersigned, have read the foregoing statement carefully before signing and do understand its warnings, assumption of risk, and release of liability.

_____ Date:_____
Signature of Participant (Age 18 or older)

_____ for: _____ Date:_____
Signature of parent, legal guardian or caretaker *Participant (Under age 18)*

_____ for: _____ Date:_____
Signature of parent, legal guardian or caretaker *Participant (Under age 18)*

PROVIDER CONTACT INFORMAITON:

Horses In Service
6310 Hines Road
Richmond, VA. 23231
www.horsesinservice.org

Martha Wagner
804.795.1721
804.314.6030
mcheynew@wildblue.net

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Protective Equestrian Headgear Agreement And Release

To Be Completed When Participant Wears Own Helmet

THIS PROVIDER: _____

Parent, Legal Guardian, or Provider of Helmet – hereinafter known as "**This Provider**"

PROVIDER CONTACT INFORMAITON:

Provider Name: _____ Phone: _____

Address _____ Cell: _____

City _____ State: ___ Zip: _____ County: _____

Email: _____

Location where helmet is worn: 6301 Hines Road, Richmond VA 23231 or off-site event.

Participant Name: _____ Phone: _____

Address (if different) _____ Cell: _____

City _____ State: ___ Zip: _____ County: _____

Email: _____

This Provider has provided an equestrian helmet that meets or exceeds **SEI certification – ASTM F 1163** standards for use when riding or near horses.

I, for myself and on behalf of my child and/or legal ward, heirs, administrators, personal representatives, or assigns, release and discharge **Horses In Service Natural Therapeutic Riding Center** and their respective officers, directors, employees, agents, representatives, insurers, assigns, and others acting on their behalf, of and from all claims, demands, or causes of action, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of bodily injury or property damage that may be sustained, or property damage which may occur, as a result of the use of the helmet provided.

I also understand that neither **Horses In Service Natural Therapeutic Riding Center** nor its employees can guarantee the suitability of any helmet provided.

SIGNER STATEMENT OF AWARENESS

I/we, the undersigned, have read the foregoing statement carefully before signing and do understand its warnings, assumption of risk, and release of liability.

_____ Date: _____
Signature of Participant (Age 18 or older)

_____ for: _____ Date: _____
Signature of parent, legal guardian or caretaker *(Participant if under age 18)*

_____ for: _____ Date: _____
Signature of parent, legal guardian or caretaker *(Participant if under age 18)*