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**Rider Horsemanship, Inc.**

**SAFETY HELMET/PROTECTIVE HEADGEAR STATEMENT** Massachusetts

PRINT NAME OF CUSTOMER/VISITOR/GUEST: \_\_\_\_\_

ADDRESS OF CUSTOMER/VISITOR/GUEST: \_\_\_\_\_

I, for myself and/or on behalf of my child or legal ward, have been fully warned and advised by Rider Horsemanship, Inc., that I should purchase and wear properly fitted and secured ASTM-standard/SEI-certified equestrian protective headgear while riding, handling, or while near horses, ponies, donkeys, or mules in order to reduce the severity of some head injuries and possibly prevent death from happening as the result of a fall or other occurrences. **I am NOT relying on Rider Horsemanship, Inc., Tao of Horsemanship, Inc., Caroline V. Rider, or other persons or entities affiliated with them to provide a certified helmet for me, to check any helmet or strap that I may wear, or to monitor my compliance with this suggestion at any time – now or in the future. If I choose to wear an ASTM-standard/SEI-certified helmet, if I choose not to wear a helmet, or how I wear any helmet or headgear are my decisions alone.**

**WARNING**

Under Massachusetts law, an equine professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities, pursuant to section 2D of chapter 128 of the General Laws.

**I HAVE READ THIS STATEMENT CAREFULLY BEFORE SIGNING.**

SIGNATURES:

CUSTOMER/VISITOR/GUEST: \_\_\_\_\_

DATE: \_\_\_\_\_

SPOUSE OF CUSTOMER/VISITOR/GUEST: \_\_\_\_\_

DATE: \_\_\_\_\_

PARENT/GUARDIAN OF MINOR CHILD: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE OF OTHER PARENT/GUARDIAN OF MINOR CHILD:

\_\_\_\_\_ DATE: \_\_\_\_\_

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