

Rider Horsemanship, Inc.

SAFETY HELMET/PROTECTIVE HEADGEAR STATEMENT Pennsylvania

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:

YOU ASSUME THE RISK OF EQUINE ACTIVITIES PURSUANT TO PENNSYLVANIA LAW

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: _____