

Helmet Release Waiver

It is statistically clear that there are certain inherent dangers associated with horseback riding and being around horses. Those dangers include the risk of suffering serious head injury or death should the rider fall or be thrown from a horse. It is, therefore, the policy of Cottonwood Creek Ranch and its assigns, that safety riding helmets will be worn at all times when riders are mounted on a horse.

I, _____, being fully aware of that policy and the reason for it, choose of my own free will, NOT to wear a safety riding helmet. In taking this action, I hold Cottonwood Creek Ranch, its assigns, and their insurer free of any and all liabilities for injuries that I may receive as a result of my actions and failure to wear a safety riding helmet.

RIDER NAME: _____ **AGE:** _____

**SIGNATURE OF RIDER, OR PARENT OR
GUARDIAN*****(waivers cannot be granted to persons under the age of
18 without the consent of a parent or legal guardian)

DATE: _____

WITNESS (INSTRUCTOR): _____