



# HELMET/PROTECTIVE GEAR WAIVER

HORSE ARCHERY USA

## THIS AGREEMENT IS A RELEASE OF LIABILITY FOR DECLINING TO WEAR PROTECTIVE HELMET

**THIS DOCUMENT WAIVES IMPORTANT LEGAL RIGHTS. PLEASE READ IT CAREFULLY. PLEASE INITIAL EACH SECTION AND SIGN AT THE BOTTOM OF THIS FORM. PARTICIPANTS UNDER AGE OF 18 ARE REQUIRED TO WEAR APPROVED ATSM HELMETS AND MAY NOT SIGN THIS FORM.**

\_\_\_\_\_ I hereby attest that I am a competent adult, aware of the risks of head injury during Equine Activities/Competition, and of the physical and mental incapacity that can result from head injuries, including a significantly increased risk of death. I have been advised that wearing an ASTM/SEI approved riding helmet while engaged in Equine Activities/Competition can significantly reduce my risk of, and the severity of, head injuries suffered in falls from horses or other blows to the head during Equine Activities/Competition. Notwithstanding this knowledge and the specific advice to wear a protective helmet while engaging in Equine Activities/Competition, **I consciously and voluntarily choose not to wear such a helmet during Equine Activities/Competition.**

\_\_\_\_\_ I acknowledge that I do so against the advice of Horse Archery USA, and I hereby ASSUME ALL RISK OF THIS DECISION. Further, I hereby waive any claims against Horse Archery USA or any other party on behalf of myself, my successors in interest, guardians, legal representatives, heirs and assigns, and release Horse Archery USA and the Competition from any claims or liability whatsoever with regard to damages that could have been prevented or avoided by the proper use of a protective helmet.

\_\_\_\_\_ This *Assumption of Risk, Waiver of Claims and Release of Liability Agreement for Declining to Wear a Protective Helmet* is IN ADDITION TO, and does not replace or in any way modify the *Horse Archery USA Assumption of Risk, Release of Liability, And Indemnity Agreement* executed by me on behalf of Horse Archery USA and others, and shall remain in effect until specifically revoked by me.

\_\_\_\_\_ **I HAVE READ THIS ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY, AND I UNDERSTAND THAT IT IS RELEASE OF CLAIMS AND THAT I AM ASSUMING RISKS INHERENT TO MY PARTICIPATION WITHOUT THE USE OF PROTECTIVE HEAD GEAR, AND I AGREE TO BE FULLY BOUND BY ITS TERMS.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Participant