

**RELEASE OF LIABILITY, WAIVER OF CLAIMS, EXPRESS ASSUMPTION OF RISK AND
INDEMNITY AGREEMENT FOR PARTICIPANTS IN SPECIAL EQUESTRIAN EVENTS AT
THE BEAR VALLEY SPRINGS EQUESTRIAN CENTER
(CONTINUED)**

PROTECTIVE HEADGEAR

Managers, Sponsors, and Clinicians of Special Events at the Bear Valley Springs Equestrian Center may, solely at their discretion, waive mandatory use of protective ASTM/SEI approved safety headgear by participants in their activities. Such waiver does not remove the requirement below:

As a participant in a special equestrian event held at the Bear Valley Springs Equestrian Center, I affirm and acknowledge that riding a horse without wearing protective, ASTM/SEI approved head gear could, in the event of an accident, result in head injuries more severe than if such head gear is worn, and, by signing the space below, expressly assume the risks associated with riding a horse without wearing protective head gear.

S/ _____
Signature of Adult Participant

Name of Adult Participant (Please Print)

Date

S/ _____
Signature of Minor Participant

Name of Minor Participant (Please Print)

Date

S/ _____
Signature of Adult Responsible for Minor

Name of Adult Responsible for Minor (Please Print)

Date

MEDICAL CARE & EMERGENCY NOTIFICATION

I give my permission to the Association, its employees, agents and representatives, and/or the person or entity engaged to conduct the Activity, to obtain emergency medical care for me, if considered by them to be necessary. In case of an emergency, the following person(s) should be contacted:

Name: _____

Name: _____

Phone: _____

Phone: _____

Relationship: _____

Relationship: _____