

**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: _____