AGREEMENT WAIVING & REFUSING PROTECTIVE EQUESTRIAN HEADGEAR

READ CAREFULLY BEFORE SIGNING!

WARNING: UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES. Fla. Stat. § 773.04.

riding without wearing a properly fitted and secure or being around horses on the premises of The Careduce or prevent the severity of possible head inj to, risks of serious possible, emotion or physical in property, due to falls, to contact with objects, other moving, motion, or loss of balance while being about which may act unpredictably by such actions as bit	d, certified (by ASTM/SEI anyons, Inc., d/b/a The Cauries or death, resulting frouries (including paralysism persons, or the environmoard or transported by the	Equestrian star anyons Horseback rom horseback r b), illness, or dea nent, to equipme animals, becau	idards) helmet, whether it ck Trail Rides, in order to iding, including, but not leth, to me, to others, and ent failure or errors, or to se horses are large anim	riding o imited to
I further acknowledge that I have been properly fitted and secured, certified (by ASTM/SE on the premises of The Canyons, Inc., d/b/a The C	I Equestrian standards) h	elmet, whether		orses
I hereby refuse to purchase or wear standards) helmet, whether riding or being around Horseback Trail Rides, intentionally, knowingly, an a helmet, and by so refusing and waiving, do also employees, officers, directors, stockholders, agent all claims for injury, illness, damages, loss, or dear and secured, certified (by ASTM/SEI Equestrian standards).	horses on the premises of voluntarily waiving the phereby release, discharge ts, successors-in-interest, the that may arise resulting	of The Canyons protection and c e, and acquit Th , and assigns (R	Inc., d/b/a The Canyons ritical safety precaution on e Canyons, Inc., its respondenced Parties) from ar	s of such ective ny and
I intend that this Agreement be enforced the terms set forth in this Agreement or any word, temporal or participatory restrictions), part, or proving reason, such word, phrase, clause, sentence, part required, in to extend the fullest effects, rights, dut validity of the remaining words, phrases, clauses, be deemed, interpreted, and enforced, as being seprovisions, and said illegal or invalid part, term or pother valid provisions shall survive and continue to void, or unenforceable provisions were never a participant.	phrase, clause, sentence rision should be found to be a common to	(including without illegal, void, of diffed or deleted or this Agreemen visions shall not from such illegal not to be a par	out limitation any geograp or unenforceable for any I in such manner as othe It, as so modified, so that It be affected thereby and Id, void, or unenforceable It of this Agreement and It	ohic, erwise t the I shall e all
This Agreement shall be interpreted a notwithstanding the choice-of-law rules or conflicts or nation; and any claim or action relating to, or ari may be brought only in a court located in, or comp mediation conference, which is a prerequisite confidence.	s of laws principles of this ising out of, this Agreeme rising, Marion County, Flo	State, or of any nt, or the waive	other state, territory, pro and refusal to which it a	ipplies,
By signing and completing the informand fully understand this Agreement, and am of la knowingly and voluntarily, for myself.				
Full name:	DOB:	Age:	Telephone	
Email:				
Address:		City:	State:	
Date:	Participant's signa	ature		