

PARTICIPANT AGREEMENT, RELEASE AND ASSUMPTION OF RISK

PROTECTIVE EQUESTRIAN HEADGEAR REFUSAL AGREEMENT ADDENDUM

I, for myself and/or on behalf of my child or legal ward, have been fully warned and advised by Scenic Riders, Inc. that we should wear a properly fitted and secured ASTM/SEI (Equestrian standard) certified helmet while participating in horse riding activities in order to protect against and reduce the severity of potential head trauma that could result in serious injury, including death, as the result of a fall, collision, kick from a horse, or other occurrence associated with horse activities. Against the advice of SR, the guide/instructor, common sense, and SR's insurance company, I (and any Minor for whom I am signing) am refusing to wear a helmet and assuming all risk of injury. I further agree to indemnify and hold harmless SR from any and claims that are brought by, or on behalf of myself, and any listed Minor, as the result of head trauma resulting from participation in any horse activities.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to bound by its terms.

Rider or Participant: _____ Print Name: _____ Date: _____

If the rider or participant is a minor:

Parent or Guardian: _____ Print Name: _____ Date: _____