Charles Wilhelm
Success Through Knowledge

PROTECTIVE EQUESTRIAN HEADGEAR REFUSAL AGREEMENT

**** NO RIDER UNDER THE AGE OF 18 MAY RIDE WITHOUT A HELMET ****

I, for myself, and/or on behalf of my children or legal wards, have been notified and advised by CW Training, LLC, that I/they should wear a properly fitted and secured ASTM/SEI (Equestrian standard) certified helmet while riding or being around horses in order to reduce the severity of potential head injuries and to possibly prevent my/their death from happening as the result of a fall or any other occurrence associated with this activity. I realize that I/we are subject to injury from this activity and that no form of preplanning can remove all of the danger to which I/they are being exposed.

Further, if Charles Wilhelm Training has offered and provided an equestrian helmet that meets or exceeds SEI certification. I, for myself, and/or on behalf of my children or legal wards, heirs, administrators, representatives or assigns, release and discharge Charles Wilhelm Training, LLC and their respective officers, directors, employees, agents, insurers, assigns and others acting on their behalf, of and from all claims, demands or causes of action, whether known or unknown, anticipated or unanticipated, resulting from or arising out of bodily injury or property damage that may be sustained, or property damage that may occur, as a result of the use of the helmet provided. I also understand that neither CW Training, LLC nor its employees can guarantee the suitability of any helmet provided.

____ I will wear a helmet whenever riding.

____ Against the advice of CW Training, LLC, I am refusing this critical safety precaution for myself, and/or on behalf of my children or legal wards over the age of 18.

SIGNER STATEMENT OF AWARENESS
I, the undersigned, have read the foregoing statement carefully before signing and do understand its warnings and assumption of risks.

Print Name of Rider(s): _____

Signature of Rider/Parent or Guardian: _____

Address: _____

_____

Date: _____