



After the Rein
 Animal Assisted Wellness
 A Division of With a Twist Ranch

Safety Equipment Acknowledgement and Release Form

WARNING: THIS AGREEMENT WILL AFFECT YOUR LEGAL RIGHTS. READ IT CAREFULLY!
(For Participants Over the Age of Majority)

Please Print Clearly

Participant's Name: _____ Date of Birth: _____

Address: _____ City _____ Prov. _____ Postal _____

No person riding without a helmet designed for equine activities will be allowed to participate in equine activities prior to reading and signing this form.

TO: After the Rein Equine Assisted Wellness and With a Twist Ranch,
 their directors, employees, (Name of Person, Organization or Company providing the Equine Activities) officers, volunteers, business operators, and site property owners,
 (all of them collectively called the HOST):

ACKNOWLEDGMENTS AND STATEMENTS OF PARTICIPANT

Initial each item below After Reading and Understanding the item.

- ____ 1) I Understand the RISKS inherent in equine activities as evidenced by the separately signed Acknowledgment of Risk and Release of Liability Form on file with the "Host".
- ____ 2) I Understand wearing proper safety equipment may reduce injury even though no amount of preplanning can remove all the DANGERS, HAZARDS, and RISKS of equine activities.
- ____ 3) I have Freely Decided to ride without wearing a helmet designed for equine activities which might prevent permanent brain damage in the event of an accident.
- ____ 4) I have Refused Critical Safety Equipment for equine activities against the advice of the "Host".
- ____ 5) I Fully Assume all additional DANGERS, HAZARDS, and RISKS to which my decision to ride without a helmet might expose me.
- ____ 6) I Understand that signing this form Waives certain Legal Rights I might have against the "Host".

Before signing this form I read it (as indicated by my initials above) and I state that I understand it. I further state I am aware that signing this form, waives certain legal rights I and/or my "Legal Representatives" might have against the "HOST".

SIGNED This _____ day of _____, 20____

 (Signature of Participant)

 (Print HOST Name Witness to Signing & Initialing)

 (Signature of HOST Witness)