

**Greenacres Horsemanship Academy, LLC  
dba Greenacres Equine Center (GEC)**

8400 Blome Road  
Cincinnati, Ohio 45242

**Provided Equestrian Head Protective System (Headgear) Agreement and Release**

Name of minor participant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
Name of parent or legal guardian: \_\_\_\_\_

Address if different from participant: \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_ (parent and/or legal guardian / me / my) of the above identified participant, \_\_\_\_\_ (participant / me / my) am aware of the potential for injury and damage (harms) to me associated with equestrian training and programs. These potential harms to the participant include but are not limited to:

- Falling from or while mounting and dismounting, a horse
- Being pushed, pinned, stepped upon, bitten, and/or kicked, by a horse
- Being thrown from, dragged by, a horse; while riding, jumping or mounting and dismounting

Due to the above potential injuries associated with horses, GEC requires that all participants have and wear appropriately protective headgear, while interacting with horses. All headgear needs to meet or exceed SEI standards, ASTM F 1163. As necessity may require and by my initials below, I authorize and request headgear be provided for the participant's use. Also, I agree GEC and/or its employees can not guarantee the suitability of any specific headgear for an individual participant. Further, I assume responsibility for all injuries and damages sustained by or caused by the participant's headgear (provided to or worn by). I release GEC, its directors, trustees, officers, employees from all liabilities associated with the participant's headgear.

Initials \_\_\_\_\_ Date \_\_\_\_\_

I agree to hold GEC, Louis & Louise Nippert Trust (L&LT) and their officers, directors, trustees, employees, agents, and assigns harmless from injuries and damages sustained by or caused by the participant's headgear. I will indemnify GEC and L&LT for the cost, expenses and attorneys' fees associated with claims, lawsuits and arbitration procedures arising from such injury and damages to or caused by the participant's headgear.

Initials \_\_\_\_\_ Date \_\_\_\_\_

Headgear:

I acknowledge and agree for myself and on behalf of the participant that GEC staff is not responsible for inspecting or maintaining my headgear. It is my responsibility to secure and utilize headgear that complies with the recommended standards identified above.

Initials \_\_\_\_\_ Date \_\_\_\_\_

**By my signature affixed below, I hereby agree to the above terms for myself, my heirs, successors, assigns and employing entity.**

\_\_\_\_\_  
Signature of Participant (Spouses must sign for themselves) Date \_\_\_\_\_

\_\_\_\_\_ for \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent, Guardian and/or Spouse Participant

\_\_\_\_\_ for \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent, Guardian and/or Spouse # 2 Participant

\_\_\_\_\_ Date \_\_\_\_\_  
GEC employee/witness

Originator: MRR1

Date: 02.04.2009

Revised by:

Date revised: