



HORSE ARCHERY USA

PROTECTIVE GEAR (HELMET) WAIVER

**THIS DOCUMENT WAIVES IMPORTANT LEGAL RIGHTS.
PLEASE READ IT CAREFULLY BEFORE SIGNING.**

____ I have read HAUSA Rules about protective equestrian equipment, including proper footwear and body protection in addition to ATSM/SEI approved riding helmets) and I understand that I am entitled to wear protective equipment without penalty, and I acknowledge that the HAUSA strongly encourages me to do so while WARNING that no protective equipment can guard against all injuries.

____ I am entitled to wear protective equipment without penalty, and I acknowledge that 'the equestrian activity', the property owners, and its agents, employees, volunteers, the host of this 'equestrian activity' and the owners of the horses where 'the equestrian activity' is held strongly encourages me to do so while WARNING that no protective equipment can guard against all injuries.

____ I represent that I have the requisite training, coaching and abilities to safely compete in this equestrian activity.

**PARTICIPANTS UNDER THE AGE OF 18 ARE REQUIRED TO WEAR
APPROVED ATSM HELMETS AND MAY NOT SIGN THIS WAIVER.**

I HAVE READ THIS ASSUMPTION OF RISK, WAIVER AND RELEASE OF LIABILITY, AND I UNDERSTAND THAT IT IS RELEASE OF CLAIMS AND THAT I AM ASSUMING RISKS INHERENT TO MY PARTICIPATION WITHOUT THE USE OF PROTECTIVE HEAD GEAR, AND I AGREE TO BE FULLY BOUND BY ITS TERMS.

Signature of Participant

Date

Print Name of Participant