

**CAROLINA HORSMANSHIP INC
SAFETY HELMET/PROTECTIVE
HEADGEAR STATEMENT**

Printed Name of Participant/Guest: _____

Mailing Address: _____

I, for myself and/or on behalf of my child or legal ward, have been fully warned and advised by Morgan Dillard Harris/Carolina Horsemanship, Inc (hereafter “Clinician”) that I should purchase and wear property fitted and secured ASTM-Standard/SEI-certified protective headgear that is designed for use by equestrians when riding or near horses or ponies in order to reduce the severity of some head injuries and possibly prevent death from happening as the result of a fall or other occurrences. I am not relying on Clinician or anyone affiliated with Clinician to provide a certified equestrian helmet or headgear for me, to check any helmet or strap that I may wear, or to monitor my compliance with this suggestion at any time – now or in the future. **If I choose to wear an ASTM-Standard/SEI certified helmet and headgear, or if I choose not to, this is my decision alone.**

This is to further acknowledge that the provisions of North Carolina General Statutes § 99E-1; § 99E-2(b)(1)(2) shall apply with regard to this activity.

**I HAVE READ THIS STATEMENT CAREFULLY BEFORE
SIGNING**

Signature of
Participant/Guest _____

Parent/Guardian _____

Date _____