



## **HELMET LAW**

To Whom It May Concern:

I \_\_\_\_\_ hereby release Wellington Show Stables, Inc., grooms, trainers, clinicians, employees, or any other person(s) representing this facility from all Liability and Hold-Harmless for the decision to ride, jump, or any other type of participation that I might be involved in while not wearing a safety helmet.

I realize that any persons on the above said facility located at 13159 57th Place, Wellington, Florida 33414 is required to wear a helmet at all times while riding any horse, pony, or donkey on the said property.

I shall solely be responsible for my actions and any results of my actions I choose to take. I hereby swear I am of legal age to except this responsibility and under no conditions are minors allowed to fall under this contract.

Signature: \_\_\_\_\_

Full Name: \_\_\_\_\_

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

City, State & Zip: \_\_\_\_\_

Witness: \_\_\_\_\_

Date: \_\_\_\_\_