



PROTECTIVE EQUESTRIAN HEADGEAR REFUSAL AGREEMENT

Provider: Whitehaven Plantation (hereinafter known as "The Provider")

Location: 3762 Bethune Hwy., Bishopville, SC 29010

PLEASE READ CAREFULLY BEFORE SIGNING

I, for myself and/or on behalf of my child or legal ward, have been fully warned and advised by This Provider that I should purchase and wear a properly fitted and secured SEI Certified—ASTM Equestrian Helmet while riding or being near horses (whether on the premises of This Provider or off the premises) in order to reduce the severity of some of the wearer's head injuries and possibly prevent the wearer's death from happening as the result of a fall or other occurrences.

PRINT NAME OF RIDER: _____

ADDRESS OF RIDER: _____

**SIGNER STATEMENT OF AWARENESS
I/WE, THE UNDERSIGNED, HAVE READ THE FOREGOING
STATEMENT CAREFULLY BEFORE SIGNING AND DO
UNDERSTAND ITS WARNINGS AND ASSUMPTION OF RISK.**

SIGNATURE OF RIDER (SPOUSES MUST SIGN FOR THEMSELVES) Date: _____

_____ for _____ Date: _____
SIGNATURE OF PARENT, GUARDIAN, AND/OR SPOUSE --- NAME OF RIDER (PRINT)

_____ for _____ Date: _____
SIGNATURE OF PARENT, GUARDIAN, AND/OR SPOUSE --- NAME OF RIDER (PRINT)