

**RELEASE OF LIABILITY FOR  
DECLINING TO A WEAR PROTECTIVE HELMET**

I hereby attest that I, \_\_\_\_\_, am aware of the risks of head injury during equine activities and of the physical and mental incapacity that can result from head injuries, including a significantly increased risk of death. I have been advised that wearing an ASTM/SEI approved riding helmet while engaged in equine activities can significantly reduce my risk of, and the severity of, head injuries suffered in falls from horses or other blows to the head during equine activities. Notwithstanding this knowledge and the specific advice to wear a protective helmet while engaging in equine activities, I consciously and voluntarily choose not to wear such a helmet during equine activities. I acknowledge that I do so against the advice of Colorado State University and I hereby ASSUME ALL RISK OF THIS DECISION.

I hereby waive any claims against Colorado State University or any other party on behalf of myself, my successors in interest, guardians, legal representatives, heirs and assigns, and release, waive, discharge, and covenant not to sue Colorado State University, the Board of Governors of the Colorado State University System, the State of Colorado, their officers, servants, agents, or employees from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, that may have been prevented or avoided by the proper use of a protective helmet.

This Release of Liability for Declining to Wear a Protective Helmet is IN ADDITION TO, and does not replace or in any way modify the Colorado State University Waiver of Liability, Assumption of Risk, Covenant Not to Sue, and Hold Harmless Agreement executed by me which shall remain in effect.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Release of Liability for Declining to Wear Protective Helmet, understand it and sign it voluntarily as my own free act and deed and that I am assuming risks due to my participation in an equine activity without the use of protective head gear, and fully intend to be bound by same.

**WARNING  
UNDER COLORADO LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY  
TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM  
THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO  
SECTION 13-21-119, COLORADO REVISED STATUTES**

IN WITNESS WHEREOF, I have hereunto set my hand on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**If participant is under the age of 18, participant's parent or legal guardian must sign:**

I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_ the participant who has signed above. I have read and I understand the provisions of this document, and acting on behalf of the participant, I consent to the participant taking part in the activities described above, and I fully enter into and agree to the above Release of Liability for Declining to Wear Protective Helmet as authorized pursuant to C.R.S. section 13-22-107.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
(date)