

### **Indemnity Statement for Irish Quarter Horse Association Members Not Wearing Approved Riding Helmet**

By participating in IQHA (Irish Quarter Horse Association CLG.) approved activities and events, I, [ \_\_\_\_\_ ],(Participants name) acknowledge and understand the inherent risks associated with horse riding and hereby voluntarily choose not to wear an approved riding helmet. In consideration of being allowed to participate without wearing a helmet, I agree to the following terms:

1. **Assumption of Risk:** I understand and acknowledge that horse riding involves inherent risks, including but not limited to falls, collisions, kicks, and other potential accidents. I voluntarily assume all such risks and accept full responsibility for my actions and their consequences.
2. **Release and Waiver of Liability:** I hereby release, discharge, and hold harmless the IQHA, its officers, directors, members, employees, agents, representatives, and volunteers (collectively referred to as "Released Parties") from any and all liability, claims, demands, actions, or causes of action arising out of or related to my decision not to wear an approved riding helmet during IQHA approved activities and events.
3. **Indemnification:** I agree to indemnify and hold harmless the Released Parties from any and all losses, damages, costs, expenses, liabilities, claims, or judgments arising out of or related to my participation without an approved riding helmet, including but not limited to personal injury, property damage, or any other harm or loss that may occur as a result of my actions or omissions.
4. **Acknowledgment of Helmet Requirement:** I acknowledge that the IQHA strongly recommends wearing an approved riding helmet for safety purposes during horse riding activities. I understand that by choosing not to wear a helmet, I am assuming additional risks and releasing the IQHA and its Released Parties from any liability associated with that choice.
5. **Medical Insurance:** I affirm that I have adequate medical insurance coverage to address any injuries or medical conditions that may arise from participating in IQHA approved activities and events without an approved riding helmet. I understand that the IQHA does not provide medical coverage for its members.
6. **Voluntary Agreement:** I have read this indemnity statement carefully, understand its terms and conditions, and voluntarily agree to be bound by them. I acknowledge that this agreement is a legal contract and that by signing it, I am giving up certain legal rights.

I have read and understood this indemnity statement before signing it. I am aware that by signing below, I am releasing the IQHA and its Released Parties from liability and assuming full responsibility for my decision not to wear an approved riding helmet.

Participant's Name: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

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