

CENTRAL WESTERN EQUESTRIAN GROUP INC

P.O. Box 462, LONGREACH QLD 4730
Email:- cweginc@gmail.com

NO HELMET DECLARATION

I _____ of _____

1. I am 18 years & over
2. Understand the Group **recommends** the use of Helmets for all riders, especially as horse riding is a dangerous activity.
3. Understand that all riders 17 years and under **MUST** wear a Helmet.
4. Notwithstanding the above, I choose **NOT** to wear a Helmet and accept responsibility for any injury whatsoever caused that may occur to me as a result of my decision.

SIGNED _____ DATE ____/____/____

WITNESS _____ DATE ____/____/____

WITNESS NAME _____

ADDRESS OF WITNESS _____
