

Copper Creek Farms, L.L.C.

SAFETY HELMET/PROTECTIVE VEST AGREEMENT

[TO BE COMPLETED WHEN STABLE PROVIDES HELMET]

PRINT NAME OF CUSTOMER/VISITOR/GUEST: _____

ADDRESS OF CUSTOMER/VISITOR/GUEST: _____

Copper Creek Farms, L.L.C., a Michigan limited liability company, has provided or will provide at my request an equestrian safety helmet that is ASTM F1163-standard and SEI-certified and designed for use when riding or when near horses or ponies. I understand that neither Copper Creek Farms, L.L.C., nor its employees, agents, or personnel can guarantee the suitability of any helmet that it provides now or in the future.

I (for myself, individually, and also on behalf of my children and/or legal ward(s), heirs, administrators, personal representatives or assigns) release and discharge Copper Creek Farms, L.L.C., John G. Filios, Catherine M. Filios, Gary Graham, Alecia Rump, and their respective members, managers, employees, agents, contractors, representatives, heirs, and others acting on their behalf of and from all claims, demands, or causes of action, whether the same be known or unknown, anticipated or unanticipated, resulting from or arising out of bodily injury or damage that may be sustained, or property damage which may occur, as a result of the use of the helmet and headgear that it provides (except for gross negligence or willful and wanton misconduct).

WARNING

Under the Michigan Equine Activity Liability Act [1994 P.A. 351], an equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity.

I understand and agree that the release, hold harmless, and indemnification provisions contained in the Waiver, Agreement and Liability Release that I have signed with Copper Creek Farms, L.L.C., are reaffirmed and are incorporated into this document as if such provisions were set forth herein.

I HAVE READ THIS CAREFULLY BEFORE SIGNING

SIGNATURES:

CUSTOMER/VISITOR/GUEST: _____ DATE: _____

SPOUSE OF
CUSTOMER/VISITOR/GUEST: _____ DATE: _____

PARENT/GUARDIAN OF
MINOR CHILD: _____ DATE: _____

OTHER PARENT/GUARDIAN OF
MINOR CHILD: _____ DATE: _____
