

RELEASE AND WAIVER OF LIABILITY

I REQUEST PERMISSION TO PARTICIPATE IN CROSS-COUNTRY HORSEBACK RIDING WITH THE ***NEW MARKET-MIDDLETOWN VALLEY HOUNDS CLUB***.

I FULLY UNDERSTAND THAT CROSS-COUNTRY HORSEBACK RIDING (WHICH INCLUDES JUMPING OVER FENCES AND OTHER OBSTACLES AND RIDING ON DANGEROUS AND ROUGH TERRAIN) IS A DANGEROUS ACTIVITY. I WISH TO PARTICIPATE IN THIS ACTIVITY KNOWING IT IS DANGEROUS. I ACCEPT AND ASSUME ALL THE RISKS OF INJURY (INCLUDING DEATH) TO ME OR MY PROPERTY.

IN EXCHANGE FOR THIS PERMISSION TO PARTICIPATE IN THIS ACTIVITY, FOR MYSELF, MY HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES, I RELEASE AND AGREE NOT TO MAKE OR BRING ANY CLAIM OF ANY KIND AGAINST THE ***NEW MARKET-MIDDLETOWN VALLEY HOUNDS CLUB***, OR THEIR RESPECTIVE MASTERS, OFFICERS, DIRECTORS, MEMBERS, MANAGERS, AGENTS, EMPLOYEES, STAFF OR GUESTS OR ANY LANDOWNER OR OTHER PERSON MAKING PROPERTY AVAILABLE FOR THIS CROSS-COUNTRY RIDE; FOR ANY INJURY (INCLUDING DEATH) TO ME OR ANY DAMAGE TO MY PROPERTY WHETHER FROM ANYONE'S NEGLIGENCE OR NOT, OR ANY OTHER CAUSE, ARISING OUT OF MY PARTICIPATION IN THESE DANGEROUS HORSEBACK RIDING ACTIVITIES.

BY SIGNING THIS RELEASE AND WAIVER, I UNDERSTAND THAT I AM GIVING UP ANY RIGHT I HAVE TO SUIT AND TO MAKE CLAIMS AGAINST ANY OF THOSE LISTED ABOVE (INCLUDING MEMBERS AND PARTICIPANTS) FOR ANY INJURIES I MIGHT SUSTAIN WHILE ON HORSEBACK OR FOLLOWING OR PARTICIPATING ON FOOT OR BY VEHICLE AND THAT I AM INDEMNIFYING THOSE LISTED ABOVE (INCLUDING MEMBERS AND PARTICIPANTS) FOR INJURING ANYONE ELSE OR ANY HORSE RIDDEN BY ANOTHER WHILE SO ENGAGED AND I DO SO KNOWINGLY AND VOLUNTARILY.

SIGNATURE _____ **DATE** _____

PRINT NAME _____ **ADDRESS** _____

PARENT OR GUARDIAN RELEASE AND WAIVER

I AM THE PARENT OR GUARDIAN OF _____, A MINOR, AND ON THE MINOR'S BEHALF AND ON MY BEHALF AND ON BEHALF OF ALL OTHER PARENTS OR GUARDIANS OF THE MINOR, I ACCEPT THE RELEASE AND WAIVER OF LIABILITY LISTED ON THE FORM AS AN INDUCEMENT FOR ALLOWING MY CHILD OR THIS MINOR, TO PARTICIPATE IN HORSE RELATED ACTIVITIES. I FURTHER AUTHORIZE ANY EMERGENCY MEDICAL CARE WHICH MAY BE NECESSARY. I REPRESENT AND WARRANT THAT I HAVE AUTHORITY TO GIVE THIS RELEASE.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

PRINT NAME _____ **ADDRESS** _____

I AM A MEMBER OF RECOGNIZED HUNT CLUB THAT CARRIES A LIABILITY POLICY SPONSORED BY THE MFHA (MASTERS OF FOX HUNT ASSOCIATION) **YES** ____ **NO** ____