

Spring HP 2026 • April 18



HUNTER PACE

NM-MVH

Classes for Everyone

1. Fast Time Over High Fences

Fences 3'-3'6". Competition for teams Fastest team wins.

2. Optimum Time Over High Fences

Fences 3'-3'6". Competition for teams closest to optimum time wins.

3. Optimum Time Over Low Fences

Fences 2'6". Competition for teams Team closest to optimum time wins

4. Junior Optimum Time over Low Fences

Team must consist of at least two riders under the age of 18 or a junior(s) under 9 with an adult. Team closest to optimum time wins

5. Optimum Flat Time

Without fences. Team closest to optimum time wins.

6. Junior Optimum Flat Time

Team must consist of at least two riders under the age of 18 or a junior(s) under 9 with an adult..Team closest to optimum time wins.

7. Western Optimum Flat Time

Two people on the team must be in traditional western attire and tack to qualify.

**The same team has to do the series to qualify for any year end awards.*



\$40
18

Per Horse
Per Round

April

10:00AM

Registration Packet

Visit <http://www.nm-mvh.com/HunterPace.html>
Registration form (including Coggins #)•Liability waiver•Payment via PayPal([PayPal.me/nmmvh](https://www.paypal.com/paypalme/nmmvh))
Juniors must have a parent or guardian sign their forms.

1600 Marker Rd • Middletown MD

● 1-301-371-4081 Monitor

www.nm-mvh.com

NM-MVH
HUNTER PACE

Team Name _____ Team Number _____ New Team? Y N

The team name will be used for point tracking purposes. You must use the same team name at each hunter pace in order for points to count.

Hunt Affiliation _____

Entry Fee: \$40 per rider, per class

Class Entered (check off one):

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>_____ 1. Fast Time Over High Fences</p> <p>_____ 2. Optimum Time Over High Fences</p> <p>_____ 3. Optimum Time Over Low Fences</p> | <p>_____ 4. Junior Optimum Over Low Fences</p> <p>_____ 5. Optimum Flat Time</p> <p>_____ 6. Junior Optimum Flat Time</p> <p>_____ 7. Western optimum Flat Time</p> |
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IF MULTIPLE ENTRIES FOR SAME TEAM IN SAME CLASS, PLEASE ALERT REGISTRATION AND TIMING

Rider #1

Name: _____	Paid by:
Check one: <input type="checkbox"/> Junior (18 and Under) <input type="checkbox"/> Senior	<input type="checkbox"/> Check _____ <input type="checkbox"/> Cash _____
Email Address: _____	
Mailing Address: _____	
Phone Number _____	
Coggins# _____	Releases signed <input type="checkbox"/>

Rider #2

Name: _____	Paid by:
Check one: <input type="checkbox"/> Junior (18 and Under) <input type="checkbox"/> Senior	<input type="checkbox"/> Check _____ <input type="checkbox"/> Cash _____
Email Address: _____	
Mailing Address: _____	
Phone Number _____	
Coggins# _____	Releases signed <input type="checkbox"/>

Rider #3

Name: _____	Paid by:
Check one: <input type="checkbox"/> Junior (18 and Under) <input type="checkbox"/> Senior	<input type="checkbox"/> Check _____ <input type="checkbox"/> Cash _____
Email Address: _____	
Mailing Address: _____	
Phone Number _____	
Coggins# _____	Releases signed <input type="checkbox"/>

Rider #4

Name: _____	Paid by:
Check one: <input type="checkbox"/> Junior (18 and Under) <input type="checkbox"/> Senior	<input type="checkbox"/> Check _____ <input type="checkbox"/> Cash _____
Email Address: _____	
Mailing Address: _____	
Phone Number _____	
Coggins# _____	Releases signed <input type="checkbox"/>

Please bring printed registration form, including Coggins #, Liability waiver, with you to registration desk.

RELEASE AND WAIVER OF LIABILITY

I REQUEST PERMISSION TO PARTICIPATE IN CROSS-COUNTRY HORSEBACK RIDING WITH THE **NEW MARKET-MIDDLETOWN VALLEY HOUNDS, INC.** ("NM-MVH").

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 **NM-MVH**, 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.

BY SIGNING THIS RELEASE AND WAIVER I ALSO GRANT TO NM-MVH THE IRREVOCABLE RIGHT TO USE PHOTOGRAPHS TAKEN AT ANY NM-MVH EVENT IN NM-MVH PRINTED OR ELECTRONIC MATERIALS AND PUBLICATIONS OR ON ITS WEB SITE. I ALSO WAIVE ANY RIGHT TO ROYALTIES OR OTHER COMPENSATION ARISING FROM OR RELATED TO THE USE OF THE PHOTOGRAPHS.

SIGNATURE _____ **DATE** _____

PRINT NAME _____

ADDRESS _____ **City** _____ **State** _____ **Zip** _____

PHONE _____ **CELL** _____

EMAIL _____

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/ _____ **City** _____ **State** _____ **Zip** _____

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