

RFHH 2019 Hunter Pace Team Registration Form

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|---------------------|--|
| Team Number: | Team Name: |
| Date: | Pace Division (circle one): Scenic Cruiser(4 mph) 2nd Flight, Moderate(7 mph) 1st Flight, Fast(10 mph) |

Rider's Name (print legibly):

| <u>Fee Type:</u> | <u>Fee:</u> | <u>Payment (write in amounts)</u> |
|---|-------------|--|
| RFHH or other hunt club member, aged 23 and up: | \$40 | Check Number(s): Cash: \$ Check(s): \$ |
| Non-hunt club member, aged 23 and up: | \$50 | |
| Junior rider, aged 22 and under: | \$20 | |
| Additional ride, half price: | | |

Rider's Name (print legibly):

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|---|-------------|--|
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| Non-hunt club member, aged 23 and up: | \$50 | |
| Junior rider, aged 22 and under: | \$20 | |
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| Junior rider, aged 22 and under: | \$20 | |
| Additional ride, half price: | | |

Team Total: \$

*Riders or parents of minor children riding must complete liability waiver on reverse side.
Only parents or legal guardians may sign liability waiver for minor children riding.*

ROCKY FORK-HEADLEY HUNT 2019 PACE SERIES WAIVER AND RELEASE OF LIABILITY

I, the undersigned, wish to participate in a Rocky Fork-Headley Hunt 2019 Pace (“the Event”). I fully understand that cross-county horseback riding is dangerous and involves inherent risks that can result in injury or death. I hereby for myself, and my heirs, administrators, personal representatives, assigns, children and spouse, and for my child or ward if signed by a parent or guardian, waive any and all claims, demands, causes of action, or legal liability, whether known or unknown, anticipated or unanticipated, against Rocky Fork-Headley Hunt, Inc., including its employees, members, agents, representatives, officers, directors, masters, volunteers, land owners, landowners, insurers and agents (“the Released Parties”) due to the negligence of the Released Parties. I shall not bring any claims, demands, legal actions or causes of action against the Released Parties for any damage or loss due to bodily injury, death, or property damage arising out of my participation or my child’s participation in the Event. I acknowledge that pursuant to ORC Section 2305.321, an equine activity sponsor or equine professional is not liable for any injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities. I acknowledge that equine activities involve certain inherent risk, including, but not limited, to:

- (a) THE PROPENSITY OF AN EQUINE TO BEHAVE IN WAYS THAT MAY RESULT IN INJURY, DEATH, OR LOSS TO PERSONS ON OR AROUND THE EQUINE;
- (b) THE UNPREDICTABILITY OF AN EQUINE'S REACTION TO SOUNDS, SUDDEN MOVEMENT, UNFAMILIAR OBJECTS, PERSONS, OR OTHER ANIMALS;
- (c) HAZARDS, INCLUDING, BUT NOT LIMITED TO, SURFACE OR SUBSURFACE CONDITIONS;
- (d) A COLLISION WITH ANOTHER EQUINE, ANOTHER ANIMAL, A PERSON, OR AN OBJECT;
- (e) THE POTENTIAL OF AN EQUINE ACTIVITY PARTICIPANT TO ACT IN A NEGLIGENT MANNER THAT MAY CONTRIBUTE TO INJURY, DEATH, OR LOSS TO THE PERSON OF THE PARTICIPANT OR TO OTHER PERSONS, INCLUDING BUT NOT LIMITED TO, FAILING TO MAINTAIN CONTROL OVER AN EQUINE OR FAILING TO ACT WITHIN THE ABILITY OF THE PARTICIPANT;
- (f) TACK OR EQUIPMENT FAILURE.

Participant/Parent/Guardian Signature: _____

Participant Name (please print): _____

Horse’s Name (please print): _____

Date: _____ Phone Number: _____

Address: _____

Email: _____

Are you currently on the Pace Update distribution list? _____ If not, would you like to be? _____

Emergency Contact: _____

Participant/Parent/Guardian Signature: _____

Participant Name (please print): _____

Horse’s Name (please print): _____

Date: _____ Phone Number: _____

Address: _____

Email: _____

Are you currently on the Pace Update distribution list? _____ If not, would you like to be? _____

Emergency Contact: _____

Participant/Parent/Guardian Signature: _____

Participant Name (please print): _____

Horse’s Name (please print): _____

Date: _____ Phone Number: _____

Address: _____

Email: _____

Are you currently on the Pace Update distribution list? _____ If not, would you like to be? _____

Emergency Contact: _____