

PAH AGREEMENT FOR RELEASE AND WAIVER OF LIABILITY

I request permission to participate in cross-country riding and foxhunting with PRINCESS ANNE HUNT.

I fully understand that cross-country horseback riding and foxhunting (which includes riding over fences, steep and rough terrain, and other obstacles, and across roads) are very dangerous activities. I wish to participate in these activities knowing they are dangerous. I accept and assume all the risks of injury (including death) to me or my property.

In exchange for being permitted to participate in these activities, for myself, my heirs, guardians, and legal representatives, I release and agree not to make or bring any claim of any kind against PRINCESS ANNE HUNT, LTD, or its MASTERS, OFFICERS, STAFF, EMPLOYEES, MEMBERS, GUESTS, OR ANY LAND OWNERS, LANDHOLDERS, OR OTHER PERSONS MAKING PROPERTY AVAILABLE FOR PRINCESS ANNE HUNT, 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, fox hunting, or related activities; and I also agree if anyone makes any claims because of any injury to me (including death), or for any damage to my property, I will keep all those released by this agreement free of any damages or costs because of those claims.

DATE _____ SIGNATURE _____ PRINT NAME _____

Address _____ Phone Number _____

Guest of _____ Parent signature (if under 18) _____ Date of Birth _____

EMAIL ADDRESS _____

HORSE COGGINS INFO

Lab Acces. # _____ Horse Name _____ Test Date _____ State _____

HUNT LICENSE

Virginia Hunt License Number _____ Date _____

MEDICAL RELEASE

In case of Emergency Notify _____ Phone Number _____

Preferred Hospital _____ Doctor's Name _____ Phone _____

Current Medical Condition _____ Medications _____ Allergies _____

HORSE INFO Veterinarian _____ Phone _____

I authorize emergency medical treatment for my horse, myself, and understand that medical personnel other than those listed above may administer this treatment.

Signature _____ Print Name _____ Date _____

PAYMENT METHOD circle one CASH CHECK # _____ INVOICE

Contact: Cynthia Porter, PAH Honorary Secretary

cpirate04@yahoo.com

3436 N. Riverside Dr.

Lanexa, Virginia 23089

