

MCH HUNTER PACE
Team Entry Form for Affiliate Member

Date: _____

Team Number: _____

Division: Open: _____

Hilltopper: _____

Junior _____ (17 and under OR under 12 w/adult)

HOW DID YOU HEAR ABOUT US: MAILING _____ EMAIL _____ INTERNET _____ OTHER _____

LEGIBLY print required information below for all riders in the team. Sign on BOTH sides of the form. **Juniors must have an adult signature on both sides.**

RIDER 1 Name _____ cell phone _____

Address: _____

Email address: _____

RIDER 2 Name _____ cell phone _____

Address: _____

Email address: _____

RIDER 3 Name _____ cell phone _____

Address: _____

Email address: _____

I hereby request entry into this Hunter Pace at my own risk and I hereby engage to be responsible for any injury or damage that may occur to or be caused by any animal exhibited by me. I waive any claims against the Monmouth County Hunt or their representatives for any loss or damage due to accident or other cause.

Rider 1 or guardian Signature _____

Rider 2 or guardian Signature _____

Rider 3 or guardian Signature _____

PLEASE READ AND SIGN OTHER SIDE

THE MONMOUTH COUNTY HUNT

AGREEMENT FOR RELEASE AND WAIVER OF LIABILITY

I request permission to participate in cross-country riding and foxhunting with the Monmouth County Hunt.

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

In exchange for being admitted to participate in these activities, for myself, my heirs, guardians, and legal representatives, I release and agree not to make or bring any claims of any kind against MCH or its masters, officers, directors, members, employees, guests, landowners, landholders or other persons making property available for MCH, for any injury (including death) to me or for any damage to my property, whether from negligence of MCH or anyone else's negligence or any other cause, arising out of my participation in these dangerous horseback riding, foxhunting or related activities. I also agree if anyone makes any claim 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 from any damages or costs because of those claims.

Rider 1 Name _____

Signature or Guardian Signature _____ Date _____

Rider 2 Name _____

Signature or Guardian Signature _____ Date _____

Rider 3 Name _____

Signature or Guardian Signature _____ Date _____



ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The Monmouth County Hunt ("MCH") has put in place preventative measures to reduce the spread of COVID-19; however, MCH cannot guarantee that you will not become infected with COVID-19. Further, attending MCH could increase your risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by attending the Monmouth County Hunt and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at MCH may result from the actions, omissions, or negligence of myself and others, including, but not limited to, MCH employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with attendance at MCH or participation in MCH events ("Claims"). I hereby release, covenant not to sue, discharge, and hold harmless MCH, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of MCH, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any MCH event.

Signature _____ Date _____

Print Name _____