

**ROCKY FORK-HEADLEY HUNT  
AGREEMENT FOR RELEASE AND WAIVER OF LIABILITY**

I request permission for myself and/or my children named below to participate in cross-country horseback riding, foxhunting, and other equine activities with Rocky Fork-Headley Hunt. I fully understand that cross-country horseback riding, foxhunting and other equine activities (which include, but are not limited to, riding over fences, other obstacles, and steep and rough terrain), involve inherent risks that can result in injury, death, and/or property damage. The inherent risk of these equine activities means a danger or condition that is an integral part of such equine activity, including but not limited to any of the following:

- 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) **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 person of the participant or to other persons, including, but not limited to failing to act within the ability of the participant;**
- f) **Tack or equipment failure**

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. It is believed that an asymptomatic individual can be infected with and transmit COVID-19 without their knowledge. I have independently evaluated and reviewed the risks of being exposed to or infected with COVID-19 and have determined to participate in equine activities with Rocky Fork-Headley Hunt with full knowledge and acceptance of the risk. I understand that I may (or my children may) be exposed to or infected by COVID-19 by participating in equine activities 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 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, employees, volunteers, and program participants and their families.

I wish for myself, and/or my children, to participate in these activities knowing they are dangerous. I accept and assume all the risks of injury, including death, to myself, my children, or my property. In exchange for being permitted to participate in these horseback riding, foxhunting or equine-related activities, on behalf of myself, my children, and/or my or their heirs, guardians and legal representatives, I release and agree not to make or bring any claim of any kind against Rocky Fork-Headley Hunt or its Masters, officers, trustees, directors, members, employees, volunteers, guests, or any landowners, landholders or other persons or entities making property available to Rocky Fork-Headley Hunt, Inc., for any illness or injury (including death), to myself or my children, or any damage to my property. I agree if anyone makes any claims because of any injury to me or my children (including death), or for any damage to my property, I will keep all those released by this agreement free of any damages or costs associated with those claims.

Print names of all minor children who might ride: \_\_\_\_\_

**Participant 1**, Print name and address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact name/phone: \_\_\_\_\_

Participant/Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Participant 2**, Print name and address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact name/phone: \_\_\_\_\_

Participant/Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Participant 3**, Print name and address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact name/phone: \_\_\_\_\_

Participant/Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_