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, other obstacles, and steep rough terrain) 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, or it's MASTERS, EMPLOYEES, OR 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