

Sewickley Hunt Clinic Registration

Saturday, July 31, 2021, 8 AM to 2 PM

Fee: \$75 pre-paid

Name and Address:

Four horizontal lines for entering name and address.

Phone and email—Please indicate which is your preferred way to be contacted.

_____ cell

_____ other phone

_____ E-Mail

Adult Waiver Form. AGREEMENT FOR RELEASE AND WAIVER OF LIABILITY I request permission to participate in cross-country riding and foxhunting with the Sewickley Hunt. I fully understand that cross-country horseback riding and foxhunting (which includes riding over fences, other obstacles, and dangerous and rough terrain) are very dangerous activities. I wish to participate in these activities knowing they are dangerous. I accept and assume all of 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 the Sewickley Hunt, or its Masters, officers, directors, members, employees, or guests or any landowners, landholders or other persons making property available for the Sewickley 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.

Dated: _____, 2021 _____ Signature

_____ Printed name

Junior Waiver Form (16 and under)

AGREEMENT FOR RELEASE AND WAIVER OF LIABILITY FOR A MINOR CHILD I request permission for my child, named below, to participate in cross-country riding and foxhunting with the Sewickley Hunt. I fully

understand that cross-country horseback riding and foxhunting (which includes riding over fences, other obstacles, and dangerous and rough terrain) are very dangerous activities. I wish to allow my child to participate in these activities knowing they are dangerous. I accept and assume all of the risks of injury (including death) to me or my property. I represent and warrant that I have the authority to give this release. In exchange for my child being permitted to participate in these activities, for my child, myself, my child's heirs, guardians, and legal representatives, I release and agree not to make or bring any claim of any kind against the Sewickley Hunt, or its Masters, officers, directors, members, employees, or guests or any landowners, landholders or other persons making property available for the Sewickley 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

Dated: _____, 2021_____

Adult Signature _____

Print Name _____

Child's Name _____

Phone #: _____

Email: _____

Please complete and sign the registration form and waiver, and return with a check to: Sewickley Hunt, P.O. Box 226, Sewickley, Pa. 15143.

All registrations and payment must be received by July 24 as space is limited.

The day begins with saddling your horses at 8 AM and gathering mounted around 8:30.