

## Loudoun Fairfax Hunt, Inc. Waiver

Return to Gin Richardson, P.O. Box 162, Aldie, VA 20105  
Or bring with you when you come out hunting.

**I, as participant or parent or guardian of participant, acknowledge that equine activities are athletic activities that pose potentially serious risk of injuries or death to participants in equine activities. I acknowledge that there are certain intrinsic dangers or conditions that are an integral part of equine activities, including but not limited to, (i) the propensity of equines to behave in ways that may result in injury, harm, or death to persons on or around them; (ii) the unpredictability of an equine's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; (iii) certain hazards such as surface and subsurface conditions; (iv) collisions with other animals or objects; and (v) the potential of a participant acting in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or not acting within the participant's ability (collectively, "Intrinsic Dangers of Equine Activities"). I understand that participants in equine activities may be injured or killed as a result of their own negligence, the negligence of others or through no fault of participant or anyone else.**

In consideration of Loudoun Fairfax Hunt, Inc. (the "Hunt") and landowners (generally equine activity sponsors) allowing participant to participate in equine activities and foxhunting, on behalf of myself, and my heirs, successors, and assigns I hereby release and waive any rights to make any claim against the Hunt, its Masters and staff, employees, agents and representatives, and landowners, their agents and lessees, for any loss, damage, including but not limited to, (i) the **Intrinsic Dangers of Equine Activities**; (ii) the experience level of any participant; (iii) a known or unknown health condition of any participant; and/or (iv) the condition and age of equipment or tack. I hereby acknowledge and assume all of the foregoing risks and any other risks inherent in equine activities and accept complete responsibility for making any and all examinations or inspections relating to those risks and any other potential risks of equine activities, and I agree and understand that Loudoun Fairfax Hunt, Inc. shall have no responsibility whatsoever to make any such examination or inspection. I further assume all risk of participating in equine activities, and agree to indemnify and hold harmless Loudoun Fairfax Hunt, Inc., its Masters and staff, employees, representatives and agents, all landowners, their agents and lessees (equine activity sponsors) from and against, all of the foregoing claims and any and all loss, damage, injury, or death to person or property by whatever cause including any act or omission negligent or otherwise, on the part of the Hunt, its employees, representatives or agents, or on the part of any other person arising from or related to participation in equine activities. 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.

With this waiver, I accept notice of the provisions of the Virginia Equine Activity Liability Act, Va. Code §§ 3.2-6200, *et. seq.* This waiver shall remain valid unless and until revoked in writing by the participant or the parent or guardian of any minor signing below, with receipt acknowledged by the Hunt.

**I acknowledge that the Hunt requires helmets be worn during all activities and agree to wear a helmet at all times while mounted.**

I hereby certify that the statements and representations in this Agreement are being made by me knowingly, freely, and voluntarily, and I understand that the Hunt is expressly relying upon the foregoing statements and representations in permitting my/my child's participation in any equine activities.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Relationship to Minor \_\_\_\_\_ Minor's Birth Date \_\_\_\_\_

Date Signed \_\_\_\_\_

Email \_\_\_\_\_

If you would like to be added to our email list