Loudoun Hunt Inc. P.O. Box 224 Leesburg VA. 20178

Agreement for Release and Waiver of Liability

I request permission for my child, named below, to participate in cross-country riding and fox hunting with Loudoun Hunt, Incorporated.

I fully understand that cross-country horseback riding and fox hunting (which include riding over fences, other obstacles, and steep and rough terrain) are very dangerous activities. I fully understand that cross-country horseback riding and fox hunting includes riding over fences, other obstacles, and many inherent risks, including:

1. The propensity of an equine to behave in dangerous ways which may result in injury to the rider, trainer, groom or handler.

2. The inability to predict an equine's reaction to sound, movements, objects, persons or animals.

3. Hazards of surface or subsurface conditions and riding over unknown terrain where hazards may be hidden by vegetation or development.

I wish to participate in these activities knowing they are dangerous. I accept and assume all the risks of injury (including death) to my child 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 Loudoun Hunt, Incorporated, or its masters, officers, directors, members, employees, or guests or any land owner, landholder or other persons making property available for Loudoun Hunt, Incorporated, 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 child's participation in these dangerous horseback riding, fox hunting or related activities; and I also agree if anyone makes any claim because of any injury to my child (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.

Name of Child:_____

Signature:	
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Print Name and Address: