

DATE: _____

The Longacre Hunt

Founded in 1993:
Ruth O'Hara, MFH
1942-1999

25503 Hufsmith Cemetery Rd
Tomball, Texas 77375
www.longacrehunt.com

RELEASE AND WAIVER OF LIABILITY

WARNING

UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE AND REMEDIES CODE), AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

I AGREE in consideration for my participation in this activity to the following:

I AGREE that I choose to participate voluntarily in this activity with my horse, as a rider, handler, lessee, lessor, owner, agent, coach, trainer or as parent or guardian of a junior exhibitor. I am fully aware and acknowledge that horse sports and this activity involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death ("Harm").

I AGREE to release Longacre Hunt and those associated with it from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm caused by me or my horse to others, even if Harm resulted, directly or indirectly, from the negligence of the Longacre Hunt.

I AGREE to indemnify (that is to pay any losses, damages or costs incurred by) the Longacre Hunt and to hold them harmless with respect to claims for Harm to me or my horse and for claims made by others for any Harm caused by me or my horse. I understand that I am entitled to wear protective equipment, and acknowledge that the Longacre Hunt strongly encourages me to do so while WARNING that no protective equipment can guard against all injuries.

If I am a parent or guardian of a junior exhibitor, I consent to the child's participation and AGREE to assume all of the obligations of this Release on the child's behalf.

I AGREE that the Longacre Hunt as used above includes its Masters, officers, directors, staff, members, employees, guests, land owners, volunteers and other persons involved.

I represent that I have the requisite training, coaching and abilities to safely participate in this activity.

BY SIGNING BELOW, I AGREE to be bound by all the terms of this Release.

Printed Name

Signature

Street Address

City, State, Zip Code

Phone

Email

Name of Parent/Guardian, if Minor

Signature of Parent/Guardian

Coggins Number and Expiration _____