

UPLAND FARM HUNTER TRIALS - ENTRY FORM

October 25, 2009

Information available at www.pickeringhunt.org or by calling 610-827-2068.

Pre-entries receive a 10% discount if submitted by Thursday, Oct. 22, 2009.

Name:	Please make checks payable to: The Pickering Hunt Foundation
Address:	Mail: Upland Farm Hunter Trials PO Box 33 Chester Springs, PA 19425
City, State, Zip:	eMail: jumpingkid9@yahoo.com
Phone:	Fax: 610-827-2069
eMail:	

Free parking for trailers and cars in first field on the left. Premium parking is \$10 per car – first come, first served. Lunch available for purchase. Onsite Specialty Shops.

No	Horse	Rider	Owner	Class Numbers	Fee Paid

Each entrant agrees that he or she assumes all risk of bodily injury, including death, and injuries to entrant's personal property resulting from any act or condition whatsoever and agrees to release, indemnify, and hold harmless Pickering Hunt and the owners of the property over which the Hunter Trials are run, from all claims, suits, or injury to personal property whether or not caused in whole or in part by any negligence on the part of Pickering Hunt or any of the property owners.

Signature (adult must sign for minor)

Proof of Negative Coggins: _____

Proof of Personal Medical Coverage: _____

Signed Upland Waiver: _____

SCHOOLING AT ANY TIME IS STRICTLY PROHIBITED. COURSES AVAILABLE FOR WALKING ON THE DAY OF THE SHOW ONLY – SEE PRIZE LIST FOR EXACT TIMES.
HARNESSED HELMET REQUIRED – NO EXCEPTIONS.

**HORSESHOE TRAIL FARM, LLC
COLLIN F. & VIRGINIA J. McNEIL
THE PICKERING HUNT FOUNDATION
1701 Horseshoe Trail
Chester Springs, PA 19425**

**RELEASE/WAIVER/HOLD HARMLESS
AGREEMENT**

PARTICIPANT'S NAME (print): _____

**PARENT OR NATURAL
GUARDIAN OF PARTICIPANT (print):** _____

I, the above-named participant ("Participant"), in consideration for the right, privilege and license to enter premises for permitting the Participant to engage in riding horses and all-related horse-related activities on the premises of **HORSESHOE TRAIL FARM and COLLIN F. and VIRGINIA J. MCNEIL**, I herein acknowledge and agree, as follows:

THAT horseback riding and related activities are sport endeavors which involve inherent risk, hazards, and dangers, which may result in personal bodily harm and/or damage to personal property, including, but not limited to, personal injury, disability and death;

THAT risks, hazards and dangers necessarily increase as a result of multiple participants and animals engaged in similar activities on premises;

THAT such risks, hazards and dangers may be a result of the Participant's negligence, the negligence of others or through no fault of the Participant or anyone else, because of the nature of the activity in which the Participant is going to be engaged, and the Participant understands that horses, even the most well trained, are often unpredictable and often difficult to control;

THAT such risks, hazards and dangers extend to all persons, including active participants, as well as passive observers;

THAT I acknowledge that the presence and participation in horseback riding and related activities are voluntary;

THAT the Participant's physical/mental condition and health status is well enough to support participation in the horse-related activities;

THAT the Participant maintains and is covered by Participant's own personal health insurance;

THAT the Participant shall, at all times, act in a careful and prudent manner while engaging in horseback riding and related activities, and at no time shall the Participant engage in any behavior which will jeopardize the health, safety or well-being of the Participant, others or the animals on-site;

THAT the Participant shall respect the integrity of the animals, property and other participants, and shall not engage in any conduct which would or could necessarily result in harm to the Participant, the horses, or other persons (including, but not limited to participants, trainers or observers).

ACKNOWLEDGING the above, and intending to be legally bound herein, I further agree to:

1. **COMPLY** with all verbal and/or written rules, regulations and policies communicated to Participant and/or Participant's Parent or Guardian;
2. **OBSERVE and REPORT** any unusual or seemingly dangerous activity, conduct, or condition which would or could present a significant danger or hazard to the participants, observers and/or animals on-site;
3. **MANIFEST CONDUCT** which does not subject Participant or others, including animals, to any unnecessary risk, or dangers which could result in harm of any nature whatsoever;
4. **WAIVE** any and all rights, claims, causes of action or remedies arising out of injuries, death or personal property damage related to horseback riding and on-premises related activities, ;
5. **RELEASE/HOLD HARMLESS/DISCHARGE** HORSESHOE TRAIL FARM, LLC, ITS PRINCIPALS AND/OR COLLIN F. MCNEIL, VIRGINIA J. MCNEIL, AND THE PICKERING HUNT FOUNDATION, INCLUDING THEIR EMPLOYEES, REPRESENTATIVES, AGENTS, ASSIGNS, HEIRS AND EXECUTORS, FROM ANY AND ALL DEMANDS, CLAIMS, ACTIONS, DAMAGES, LIABILITY, COSTS, EXPENSES AND ATTORNEY'S FEES, WHICH ARE RELATED TO, OR ARISE OUT OF, OR ARE IN ANY WAY CONNECTED TO, PARTICIPATION IN, OR USE OF, OR PRESENCE ON, THE PREMISES, WHETHER OR NOT SUCH CLAIMS, ACTIONS, DAMAGES, LIABILITY, COSTS OR EXPENSES ARE CAUSED BY THE NEGLIGENCE OF HORSESHOE TRAIL FARM, LLC, ITS PRINCIPALS, OWNERS, AGENTS, SERVANTS, EMPLOYEES, OFFICERS, DIRECTORS, REPRESENTATIVES, AND/OR ANY OTHER PERSONS OR ENTITIES ACTING ON ITS BEHALF;

IN THE EVENT THE PARTICIPANT IS UNDER EIGHTEEN (18) YEARS OF AGE, THE PARENT OR GUARDIAN OF PARTICIPANT MUST READ, AGREE TO AND SIGN THIS AGREEMENT, BINDING THE PARTICIPANT.

I HEREBY CERTIFY THAT AS PARTICIPANT, I AM OVER EIGHTEEN (18) YEARS OF AGE OR I AM THE PARENT OR GUARDIAN OF PARTICIPANT. I HAVE CAREFULLY

READ THE FOREGOING AND ACKNOWLEDGE THAT I UNDERSTAND AND AGREE TO ALL OF THE ABOVE TERMS AND CONDITIONS. PRIOR TO SIGNING THIS AGREEMENT, I HAVE REVIEWED THE COMMUNICATED SAFETY RULES, REGULATIONS AND POLICIES COMMUNICATED TO ME, AND HAVE HAD THE OPPORTUNITY TO ASK ANY AND ALL QUESTIONS. I HAVE READ AND UNDERSTAND THIS AGREEMENT. PRIOR TO SIGNING THIS AGREEMENT, I HAVE HAD THE OPPORTUNITY TO ASK ANY QUESTIONS ABOUT THE PREMISES AND/OR THIS AGREEMENT. I AM AWARE THAT BY SIGNING THIS AGREEMENT, I ASSUME ALL RISKS AND WAIVE AND SURRENDER CERTAIN SUBSTANTIAL RIGHTS THAT I, MY HEIRS, NEXT OF KIN, FAMILY, RELATIVES, GUARDIANS, EXECUTORS, ADMINISTRATORS, TRUSTEES AND ASSIGNS MAY HAVE OR POSSESS AGAINST HORSESHOE TRAIL FARM, LLC, OR ANY OTHER COVERED PARTY.

PARTICIPANT, OR PARENT OR NATURAL GUARDIAN OF PARTICIPANT, HEREBY AUTHORIZES AND AGREES TO EMERGENCY CARE, WHICH MAY BE NECESSARY, IN THE EVENT OF INJURY TO THE PARTICIPANT OR ANY HORSE THAT PARTICIPANT MAY BE RIDING.

Participant's Name: _____

Participant's Age: _____ Participant's Birthday: _____

Participant's or Parent's Driver License Number: _____ State: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: () _____

Participant's Employment or School: _____

Emergency Contact: _____

Emergency Phone Number: _____

SIGNATURE OF PARTICIPANT

_____ Date: _____

SIGNATURE OF PARENT OR GUARDIAN IF RIDER IS UNDER THE AGE OF 18

_____ Date: _____