

**MCH HUNTER PACE**  
**Team Entry Form for Affiliate Member**

Date: \_\_\_\_\_

Team Number: \_\_\_\_\_

Division: Open: \_\_\_\_\_

Hilltopper: \_\_\_\_\_

Junior \_\_\_\_\_ (17 and under OR under 12 w/adult)

HOW DID YOU HEAR ABOUT US: MAILING \_\_\_\_\_ EMAIL \_\_\_\_\_ INTERNET \_\_\_\_\_ OTHER \_\_\_\_\_

LEGIBLY print required information below for all riders in the team. Sign on BOTH sides of the form. Juniors must have an adult signature on both sides.

RIDER 1 Name \_\_\_\_\_ cell phone \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

RIDER 2 Name \_\_\_\_\_ cell phone \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

RIDER 3 Name \_\_\_\_\_ cell phone \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

I hereby request entry into this Hunter Pace at my own risk and I hereby engage to be responsible for any injury or damage that may occur to or be caused by any animal exhibited by me. I waive any claims against the Monmouth County Hunt or their representatives for any loss or damage due to accident or other cause.

Rider 1 or guardian Signature \_\_\_\_\_

Rider 2 or guardian Signature \_\_\_\_\_

Rider 3 or guardian Signature \_\_\_\_\_

**MONMOUTH COUNTY HUNT'S THOROUGHBRED CHALLENGE AND GREEN HORSE INCENTIVE**

TIP #/Race Name & Rider's Name \_\_\_\_\_

TIP #/Race Name & Rider's Name \_\_\_\_\_

TIP #/Race Name & Rider's Name \_\_\_\_\_



\* CHECK BOX IF YOUR HORSE HAS RACED WITHIN THE LAST 2 YEARS OF THE CURRENT PACE DATE

**THE MONMOUTH COUNTY HUNT**

**AGREEMENT FOR RELEASE AND WAIVER OF LIABILITY**

I request permission to participate in cross-country riding and foxhunting with the Monmouth County Hunt.

I fully understand that cross-country horseback riding and foxhunting (which includes riding over fences, other obstacles and steep and rough terrain) are very dangerous activities. I wish to participate in these activities knowing they are dangerous. I accept and assume all the risks and injury (including death) to me or my property.

In exchange for being admitted to participate in these activities, for myself, my heirs, guardians, and legal representatives, I release and agree not to make or bring any claims of any kind against MCH or its masters, officers, directors, members, employees, guests, landowners, landholders or other persons making property available for MCH, for any injury (including death) to me or for any damage to my property, whether from negligence of MCH or anyone else's negligence or any other cause, arising out of my participation in these dangerous horseback riding, foxhunting or related activities. I also agree if anyone makes any claim 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 from any damages or costs because of those claims.

Rider 1 Name \_\_\_\_\_

Signature or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Rider 2 Name \_\_\_\_\_

Signature or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Rider 3 Name \_\_\_\_\_

Signature or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_