

FORM 2

2018 VIRGINIA RACE CIRCUIT

REPRESENTATION, ASSUMPTION OF RISK, AND RELEASE AGREEMENT

PARENTS OR LEGAL GUARDIAN OF MINOR RIDER (under 18)

I/We as parents (or Legal Guardian) of \_\_\_\_\_, for whom I/We give permission to ride in one or more horse races, including jump races, conducted by The Blue Ridge Hunt Inc. The Warrenton Hunt Inc. The Piedmont Fox Hounds Inc. The Orange County Hounds Inc. The Old Dominion Hounds Inc. The Loudoun Hunt Inc. The Loudoun Fairfax Hunt Inc. and The Middleburg Hunt Inc. (hereinafter called the "Race Meets").

I/We hereby certify that riding in races is inherently dangerous to the participants and that there is serious possibility that our child will suffer injury or death as a result of participation. I/We hereby state that I/We have been given notice of the risks of riding in and otherwise participating in horse races and steeplechasing pursuant to Section 3.2-6200, 3.2-6202, and 3.2-6203 of the Code of Virginia, 1950 as amended including, but not limited to, (i) the propensity of an equine to behave in dangerous ways, which may result in injury to the participant, (ii) the inability to predict the equine's reaction to sound, movements, objects, persons, or animals; and (iii) hazards of surface or sub-surface conditions. I/We expressly agree to assume all of the described risks and all other risks of riding in or otherwise participating in the races.

In order to induce the above described Race Meets to allow him/her to participate in such races. I/We represent to the Race Meets that our child is properly trained and competent to ride in such races without endangering themselves or other participants. I/We further represent that the horses our child will ride are properly trained for the endeavor and will provide a safe conveyance without unduly jeopardizing our child's safety and that of others.

I/We further certify that the above child is currently covered by health insurance policy number \_\_\_\_\_ written by the following insurance company \_\_\_\_\_. I/We further warrant that such insurance will remain in effect at all times that I am participating in the above described races. I/WE WILL PROVIDE PROOF OF SUCH INSURANCE PRIOR TO BEING ALLOWED TO RIDE.

As further inducement to the Race Meets to allow our child to ride in and otherwise participate in such races, I/We agree to release, hold harmless and fully indemnify the Race Meets, their committees, committee members, Masters and staffs, officers, directors, employees, agents, officials, and other persons acting on behalf of the Race Meets from any and all liability, claims, actions, causes of actions or demands, including attorney's fees and costs, that I/we might otherwise have or assert for any injury or other claim or other matter arising out of or related to our child riding in or otherwise participating in these races, and I/we further agree to release, hold harmless and indemnify all landowners on whose land the above described Race Meets are conducted from any and all liability, claims, actions, causes for action or demands, including attorney's fees and costs, made or claimed by or on behalf of our child for any injury or other claim or other matter arising out of or related to my child's participation in such races.

And I/we further waiver any and all claims, actions, causes of actions, or demands that /we may now have or which may arise in the future, and further covenant not to sue the above named organizations or persons, including landowners, for any injury or damages resulting from my child's participation in such races and will defend and indemnify such organizations, persons and landowners should my/our child ever bring or attempt to bring such claim.

IN WITNESS HEREOF, I HAVE HEREUNTO SET MY HAND AND SEAL THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 2018.

PARENT OR LEGAL GUARDIAN : \_\_\_\_\_

INSURANCE AGENT & ADDRESS

NAME PRINTED : \_\_\_\_\_

\_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE : (\_\_\_\_\_) \_\_\_\_\_

PHONE : (\_\_\_\_\_) \_\_\_\_\_

E-MAIL : \_\_\_\_\_