

FORM 1

2021 VIRGINIA RACE CIRCUIT

REPRESENTATION, ASSUMPTION OF RISK, AND RELEASE AGREEMENT

ADULTS AND MINORS (Under 18 - Parents or Legal Guardian must sign FORM 2)

I, the undersigned race rider hereby sign the following representation and release in consideration of being permitted to ride in one or more horse races, including jump races, conducted by The Rappahannock Hunt, Inc. 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 hereby certify that I fully understand that riding in races is inherently dangerous and that there is serious possibility that I will suffer injury or death as a result of participation. I hereby state that I 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 expressly agree to assume all of the described risks and all other risks of riding in or otherwise participating in the races. I hereby certify that I am _____ years of age.

In order to induce the above described Race Meets to allow me to participate in such races. I represent to the Race Meets that I am properly trained and competent to ride in such races without endangering myself or other participants. I further represent that the horses I will ride are properly trained for the endeavor and will provide a safe conveyance without unduly jeopardizing my safety and that of others.

I further certify that I am currently covered by health insurance policy number _____ written by the following insurance company _____ OR I am currently covered by the Worker's Compensation policy number _____, issued in the name of the following owner/farm policy holder _____ by the following insurance company _____. (Workman's Compensation Insurance may only be used if rider is employed by and is riding for the owner of the horse that is providing said Workman's Compensation Insurance Coverage). I further warrant that such insurance will remain in effect at all times that I am participating in the above described races. I WILL PROVIDE PROOF OF SUCH INSURANCE PRIOR TO BEING ALLOWED TO RIDE.

As further inducement to the Race Meets to allow me to ride and otherwise participate in such races, I 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 might otherwise have or assert for any injury or other claim or other matter arising out of or related to my riding in or otherwise participating in these races, and I 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, that might otherwise have or assert for any injury or other claim or other matter arising out of or related to my riding in or otherwise participating in these races.

And I further waive any and all claims, actions, causes of actions, or demands that I 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 participation in such races.

IN WITNESS WHEREOF, I HAVE HEREUNTO SET MY HAND AND SEAL THIS _____ DAY OF _____ 2021.

RIDER SIGNATURE : _____

INSURANCE AGENT & ADDRESS

NAME PRINTED : _____

ADDRESS : _____

PHONE : _____

PHONE : _____

EMAIL : _____