



P.O Box 60, Thomson, Georgia 30824

BELLE MEADE HUNT AGREEMENT FOR RELEASE AND WAIVER OF LIABILITY & COVID RELEASE

I request permission for myself and/or my child named below to participate in cross-country riding and fox/coyote hunting and related activities with the Belle Meade Hunt.

I fully understand that cross-country horseback riding and fox/coyote hunting, which includes riding and jumping over fences, ditches and other obstacles and riding through steep and rough terrain, are very dangerous activities. I wish to participate and/or allow my child to participate in these activities knowing they are dangerous. I specifically accept and assume all the risks of injury (including death) to me, my child, or my property, whether seen or unseen, whether expected or unexpected.

I affirm that I and/or my child are in good mental and physical condition for cross-country horseback riding and fox/coyote hunting. I understand that such activity is physically strenuous and we will be exerting ourselves. I am aware and fully understand that Belle Meade Hunt has no medical facility and that in the event of an illness or injury, appropriate medical care must be summoned by radio or telephone and that treatment may be delayed until I and/or my child can be transported to a proper medical facility. If I and/or my child are taking medication or have any health problems, I affirm that I have seen a physician and obtained approval to ride horses cross-country and fox/coyote hunt under such conditions or under the influence of such medication or drugs.

In exchange for being permitted to participate in these activities for myself and/or my child, my heirs, guardians, and legal representatives, I release and agree not to make or bring any claims of any kind against Belle Meade Hunt, or its Masters, officers, directors, members, employees, guests, any landowners, landholders, or other persons making property available for Belle Meade Hunt, for any injury (including death) to me, my child, or any damage to my property whether from anyone's negligence, or not, or any other cause, arising out of my and/or my child's participation in these dangerous horseback riding, fox/coyote hunting, or related activities; and I also agree that if anyone makes any claim because of injury to me and/or my child (including death), or for any damage to my property, I will keep all those released by this agreement free of any damages or costs because of those claims.

It is my intention that this Release and Waiver be continuing in nature and will apply to any injuries or death arising out of or related to any cross-country horseback riding activities and fox/coyote hunting and related activities with Belle Meade Hunt until cancelled and nullified by me in writing delivered to the Master or Secretary of Belle Meade Hunt.

I am a member of _____ Hunt.

WARNING

UNDER GEORGIA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL, INCLUDING LESSOR, IS NOT LIABLE FOR ANY INJURY TO OR THE DEATH OF A PARTICIPANT IN EQUINE ACTIVITIES, PURSUANT TO CHAPTER 12 OF TITLE 4 OF THE OFFICIAL CODE OF GEORGIA ANNOTATED.

UNDER GEORGIA LAW, THERE IS NO LIABILITY FOR ANY INJURY OR DEATH OF AN INDIVIDUAL ENTERING THESE PREMISES IF SUCH INJURY OR DEATH RESULTS FROM THE INHERENT RISKS OF CONTRACTING COVID-19. YOU ARE ASSUMING THIS RISK BY ENTERING THESE PREMISES.

I have carefully read and fully understand this Release and Waiver and sign it on behalf of myself and my heirs.

DATED: _____

SIGNATURE

PRINT CHILD'S NAME

PRINT NAME