

WHY WORRY HOUNDS

RELEASE AND WAIVER OF LIABILITY

I AM AWARE THAT HORSEBACK RIDING, BOTH ON THE FLAT AND OVER FENCES (JUMPING), IS AN ATHLETIC EVENT THAT POSES POTENTIALLY SERIOUS RISKS OF INJURY TO ITS PARTICIPANTS. I ALSO UNDERSTAND THAT MY HORSE OR I MAY BE INJURED AS A RESULT OF MY NEGLIGENCE, THE NEGLIGENCE OF OTHERS, OR THROUGH NO FAULT OF MINE OR OF ANYONE ELSE, BECAUSE OF THE NATURE OF THE ACTIVITY IN WHICH I AM GOING TO BE ENGAGED. I ALSO UNDERSTAND THAT HORSES, EVEN THE MOST WELL-TRAINED, ARE OFTEN UNPREDICTABLE AND OFTEN DIFFICULT TO CONTROL.

WITH THE KNOWLEDGE OF THE FOREGOING, AND AS AN INDUCEMENT FOR THE WHY WORRY HOUNDS, ITS OWNERS, STAFF, LANDOWNERS, AND EMPLOYEES TO ALLOW ME TO PARTICIPATE IN THE HUNTING, I HEREBY AGREE TO WAIVE OR RELEASE (GIVE UP) ANY AND ALL RIGHTS THAT I OR MY HEIRS MAY HAVE TO MAKE CLAIM AGAINST THE WHY WORRY HOUNDS, ITS OWNERS, STAFF, LANDOWNERS, AND EMPLOYEES ARISING FROM ANY DAMAGES, INURY OR DEATH THAT MAY OCCUR TO ME OR MY HORSE AS A RESULT OF MY RIDING. I ALSO AGREE TO INDEMNIFY (HOLD HARMLESS) ALL OF THE FOREGOING FROM ANY CLAIMS MADE BY ME OR AGAINST ME BY OTHERS AS A RESULT OF BEING IN OR AT A HUNTER TRIALS, HUNT PACE, OR HORSE SHOW ASSOCIATED WITH THE WHY WORRY HOUNDS.

BY SIGNING THIS RELEASE AND WAIVER, I UNDERSTAND THAT I AM GIVING UP (WAIVING AND RELEASING) ANY RIGHT I HAVE TO SUE OR MAKE ANY CLAIM THAT I HAVE OR MIGHT HAVE AGAINST THE WHY WORRY HOUNDS, ITS OWNERS, STAFF, LANDOWNERS, AND EMPLOYEES FOR ANY INURY OR DEATH THAT I OR MY HORSE MIGHT SUSTAIN WHILE PARTICIPATING IN HUNT-RELATED ACTIVITIES. IT IS MY INTENT TO GIVE UP THESE RIGHTS AND I DO SO KNOWINGLY AND VOLUNTARILY.

WARNING: Under South Carolina Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of equine activity, pursuant to Chapter 9 or Title 47, Code of Laws of South Carolina, 1976.

Date: _____ Name (print): _____

Signature: _____

Parent or Guardian for Minor: Name (print): _____

I AM THE PARENT OR GUARDIAN FOR THE ABOVE NAMED MINOR. I ACCEPT THE CONDITIONS OF THIS RELEASE AND WAIVER ON BEHALF OF THE MINOR AND ANY OTHER PARENT OR GUARDIAN OF THE MINOR. I ALSO AUTHORIZE ANY EMERGENCY MEDICAL CARE THAT MAY BE NECESSARY.

Signature: _____