



CHAGRIN VALLEY HUNT HUNTER PACE REGISTRATION

Complete one form for each rider.

Rider _____

Address _____

City, State & Zip _____

Phone numbers Cell: _____ Home _____

Email _____

Please Check One

<input checked="" type="checkbox"/>	1st Flight Jumpers over fences Start time 12 noon, post entries close 11AM
<input type="checkbox"/>	2nd Flight on the Flat (jumping optional) Approximate start time 1:00 PM, entries close 12 noon
<input checked="" type="checkbox"/>	Trail riders Approximate start time 2:00 PM, entries close 12 noon

\$35 per rider, per division

Please make checks payable to:
Chagrin Valley Hunt

Mail to:
CVH Entries - J Roslan
9729 Newton falls Rd
Ravenna, Ohio 44266

Name of other team member(s) _____

Name of other team member(s) _____

Check here if you need a team partner. For which division(s)? _____

Release, Assumption of Risk, Waiver and Indemnification.

This document waives important legal rights. Read it carefully before signing.

I hereby enter the above class(es) at my own risk. **I agree** in consideration for my participation in this RIDESTRONG Hunter Paceline Competition ("Competition") to the following: **I agree** that I choose to participate voluntarily in the competition with my horse, as a rider, driver, handler, longeur, lessee, owner, agent, coach, trainer, or as a parent or guardian of a minor participant. I am fully aware and acknowledge that horse sports and the Competition involve inherent dangerous risks of accident, loss, and serious bodily injury including broken bones, head injuries, trauma, pain, suffering, or death ("Harm"). **I agree** to release the Chagrin Valley Hunt, White North Stables, The Western Reserve Land Conservancy ("Sponsors") and the Competition from all claims for money damages or otherwise for any Harm to me or my horse and for any Harm caused by me or my horse to others, even if the Harm resulted, directly or indirectly, from the negligence of the Sponsors or the Competition. **I agree** to expressly assume all risks of Harm to me or my horse, including Harm resulting from the negligence of the Sponsors or the Competition. **I agree** to indemnify (that is, to pay any losses, damages, or costs incurred by) the Sponsors and the Competition and to hold them harmless with respect to claims for Harm to me or my horse, and for claims made by others for any Harm caused by me or my horse at the Competition. **I agree** to wear a protective helmet with a fasted chin strap while mounted, as well as other protective gear of my choice, although I understand that no protective equipment can guard against all injuries. If I am a parent or guardian of a minor participant, I consent to the child's participation and **agree** to assume all of the obligations of the Release on the child's behalf. **I agree** that 'the Sponsors' and 'the Competition' as used above includes all of their officials, officers, directors, employees, agents, personnel, volunteers, and affiliated organizations. I represent that I have the requisite training, coaching and abilities to safely compete in this competition.

By signing below, I agree to be bound by all terms and provisions of this entry form.

Signature of rider, or parent/guardian signature if rider is under 18

Date

For Chagrin Valley Hunt Registration Staff to fill out after registration is submitted.

Team # _____

Start Time: ____ : ____