

**MYOPIA HUNT**  
**2008 AGREEMENT FOR RELEASE AND WAIVER OF LIABILITY FOR A MINOR CHILD**

**ONE RIDER PER FORM, PLEASE**

I REQUEST PERMISSION FOR MY MINOR CHILD, NAMED BELOW, TO PARTICIPATE IN RIDING LESSONS, CROSS-COUNTRY RIDING AND FOXHUNTING WITH THE MYOPIA HUNT CLUB AND THE MYOPIA HUNT.

I FULLY UNDERSTAND THAT RIDING LESSONS, CROSS-COUNTRY HORSEBACK RIDING AND FOXHUNTING (WHICH INCLUDES RIDING OVER FENCES, OTHER OBSTACLES, AND STEEP AND ROUGH TERRAIN) ARE VERY DANGEROUS ACTIVITIES. I WISH TO ALLOW MY CHILD TO PARTICIPATE IN THESE ACTIVITIES KNOWING THAT THEY ARE DANGEROUS. I ACCEPT AND ASSUME ALL THE RISKS OF INJURY (INCLUDING DEATH) TO MY CHILD OR MY PROPERTY. I REPRESENT AND WARRANT THAT I HAVE THE AUTHORITY TO GIVE THIS RELEASE.

IN EXCHANGE FOR MY CHILD BEING PERMITTED TO PARTICIPATE IN THESE ACTIVITIES, FOR MYSELF, MY CHILD, MY HEIRS, MY CHILD'S HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES, I RELEASE AND AGREE NOT TO MAKE OR BRING ANY CLAIM OF ANY KIND AGAINST THE MYOPIA HUNT CLUB, THE MYOPIA HUNT, THE MYOPIA SCHOOLING FIELD TRUST, OR ITS MASTERS, OFFICERS, DIRECTORS, TRUSTEES, MEMBERS, EMPLOYEES, RIDING INSTRUCTORS, CAMP COUNSELORS OR GUESTS, OR ANY LANDOWNERS, LANDHOLDERS, OR OTHER PERSONS MAKING PROPERTY AVAILABLE FOR THE MYOPIA HUNT CLUB OR MYOPIA HUNT, FOR ANY INJURY (INCLUDING DEATH), TO MY CHILD, OR ANY DAMAGE TO MY PROPERTY WHETHER FROM ANYONE'S NEGLIGENCE OR NOT, OR ANY OTHER CAUSE, ARISING OUT OF MY OR MY CHILD'S PARTICIPATION IN THESE DANGEROUS HORSEBACK ACTIVITIES; AND I ALSO AGREE IF ANYONE MAKES ANY CLAIMS BECAUSE OF ANY INJURY TO MY CHILD (INCLUDING DEATH), OR FOR ANY DAMAGE TO MY PROPERTY, I WILL INDEMNIFY AND HOLD ALL THOSE RELEASED BY THIS AGREEMENT FREE OF ANY DAMAGES OR COSTS BECAUSE OF THOSE CLAIMS.

UNDER MASSACHUSETTS LAW, AN EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES, PURSUANT TO SECTION 2D OF CHAPTER 128 OF THE GENERAL LAWS.

\_\_\_\_\_  
MINOR CHILD'S NAME—PLEASE PRINT

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
MINOR CHILD'S AGE

\_\_\_\_\_  
PARENT'S NAME—PLEASE PRINT

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CITY, STATE, ZIP

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

\_\_\_\_\_  
HOME TELEPHONE AND AREA CODE

\_\_\_\_\_  
HUNT AFFILIATION

\_\_\_\_\_  
OFFICE OR CELL PHONE AND AREA CODE

\_\_\_\_\_  
STABLE OR PONY CLUB AFFILIATION

Please return to Myopia Hunt, P.O. Box 376, Hamilton, MA 01936