



AGREEMENT FOR RELEASE AND WAIVER OF LIABILITY FOR A MINOR CHILD

SYVH P. O. Box 1509 Summerland California 93067

I request permission for my child to participate in cross-country riding and foxhunting with the **Santa Ynez Valley Hounds**.

I fully understand that 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 they are dangerous. I accept and assume all risks of injury (including death) to my child or my property. I represent and warrant that I have the authority to give this release. I understand and acknowledge that this document will remain in force until **October 1, 2022** and must be renewed at that time.

In exchange for my child being permitted to participate in these activities for myself, my heirs, guardian, and legal representatives, I release and agree not to make or bring claim of any kind against **Santa Ynez Valley Hounds**, or its Masters, officers, directors, members, employees, or guests, or any landowners, landholders, or other persons making property available to **Santa Ynez Valley Hounds** 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 child's participation in these dangerous horseback riding, foxhunting, or related activities, and I also agree if anyone makes any claims because of any injury to my child (including death), or any damage to my property, I will keep all those released by this agreement free of any damage or costs because of those claims.

SYVH Social Media Posting Policy: No Drones, Videos, or Game photos. Check with others in your photos before posting. Violating this policy without the express permission of those in the photos and/or the Masters could result in a more restrictive social media posting policy for all. _____

(initial)

Child's Name: _____ Date: ____/____/____

Parent/Legal Guardian Printed Name: _____

I authorize medical treatment for my child/horse should he/she become hurt.

Signature of Parent/Legal Guardian: _____

Phone: (_____) _____ Cell: (_____) _____

Mailing Address: _____

Email: _____ Hunt Sponsor: _____

Emergency Contact: _____ Phone: _____

Breed of Horse: _____ Color: _____

Do you ride English? Yes No Western? Yes No CalStar Member: Yes No

2021/2022 Season