



**FOXHUNTING SAFETY CLINIC
Participant Application**

Personal Information

Name: _____

Address: _____

Phone: _____/_____/_____ Email: _____

Experience (Rider)

Years Riding _____

I would consider my riding level to be: _____ Beginner _____ Adv. Beginner _____ Intermediate
_____ Adv. Intermediate _____ Advanced _____ Professional

Clarify if needed:

Number of Seasons Hunting: _____

Experience (Horse)

Name of Horse: _____ Age: _____

Experience:

Number of Seasons Hunting: _____

Release/Waiver of Liability

I understand that cross-country riding is a high-risk sport and I am participating at my own risk. I hereby assume this risk and further do hereby release and hold harmless the Hitchcock Woods, Lellie Ward, and/or Paradise Farm from all liability for negligence resulting in accidents, damage, injury or illness to myself and to my property, including my horse.

_____/_____/_____
Rider Signature Date

_____/_____/_____
Parent Guardian Signature (if minor) Date