

COAKHAM BLOODHOUNDS

Participant Name: _____

Email address: _____

Telephone number: _____

Emergency Contact Number: _____

Address: _____

PLEASE READ CAREFULLY (AND IN FULL) BEFORE SIGNING BELOW

In consideration of being allowed to participate in or to attend (in any way) a Meet of the Coakham Bloodhounds (and, where appropriate, the Hunting which follows), together with any related events and activities, I acknowledge, understand and agree that:

1. Hunting (the clean boot) with the Coakham Bloodhounds, and any related events or activities, will usually involve riding a horse across country that may (at times) be unfamiliar to me, at speed and over jumps and other natural obstacles;
2. As such, Hunting involves a certain irreducible risk of injury for both horse and rider and such injury can, in some cases, be of the utmost seriousness;
3. Participation in or attendance at a Meet of the Coakham Bloodhounds (and, where appropriate, the Hunting which follows) will involve some exposure to and/or social interaction with persons from outside my own household (albeit, in a manner that is consistent with the Government guidance issued from time to time). In this regard, I have sought to mitigate any risk of exposure to communicable disease (including Covid-19) by observing Government guidance on reasonable preventative measures which include, but are not necessarily limited to, maintaining an adequate social distance, avoiding the sharing of personal and other equipment, food and drinks (including the use of utensils for the same) and regular hand washing/sanitising;
4. I have read and understood the written rules and instructions provided for participation in and attendance at a Meet of the Coakham Bloodhounds (and, where appropriate, the Hunting which follows) and I will observe and follow the same;
5. I have taken steps to ensure that I am adequately insured in respect of and against all personal and third party risks; and,
6. I knowingly and freely assume all the risks of injury and illness that are described above and have carefully considered the same before deciding to Hunt with the Coakham Bloodhounds and before signing this document.

Further, I declare, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, that I HEREBY RELEASE, HOLD HARMLESS AND WILL INDEMNIFY the Masters, Huntsman, Whippers-in, other Hunt Staff, Committee, Officers, Members and Subscribers of the Coakham Bloodhounds and all those Hunting with the same, together with the owners, landlords, tenants and/or licensees (their employees or agents) of the premises and/or land at which a Meet and any Hunting takes place ("the Released Parties"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASED PARTIES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS ASSUMPTION OF RISK AND RELEASE OF LIABILITY DOCUMENT, FULLY UNDERSTAND ITS TERMS AND SIGN IT FREELY, VOLUNTARILY AND WITHOUT INDUCEMENT.

Participant Name: _____

Participant Signature: _____

DATE SIGNED: _____

FOR PARTICIPANTS UNDER 18 YEARS

This is to certify that I, as parent/guardian with legal responsibility for this participant, have read and explained the provisions in this document to my child, including the risks of participation in and attendance at a Meet of the Coakham Bloodhounds (and, where appropriate, any Hunting which follows) and his/her responsibilities for adhering to the rules and instructions provided. Furthermore, my child/ward understands and accepts these risks and responsibilities. I, for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all of the Released Parties and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the said Released Parties from any and all liabilities incidental to my child's/ward's participation in or attendance at a Meet of the Coakham Bloodhounds (and, where appropriate, the Hunting which follows), EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

Parent/Guardian Name: _____

Parent/Guardian Signature _____

DATE SIGNED: _____