

# COAKHAM BLOODHOUNDS

AMOUNT - £ .....

Name.....

Tel.....

Address.....

.....

Postcode:.....

Email:.....

## CONDITIONS

**In hunting with the Coakham Bloodhound Hunt (CBH) I acknowledge that hunting is a risk sport. I accept it is a condition of me hunting with CBH that I will not hold the CBH, its Masters, Officials or Landowners responsible for injury, death or consequential financial loss to horse or rider. Moreover with regard to any incident or action in any way related to me or the horse I may be riding, I agree to indemnify and save harmless the CBH its Masters or Officers or Landowners against any claim whatsoever or by whomsoever made. It is expected that under 18s will wear Pony Club approved hard hats and body protectors. I confirm that I am covered for personal and third party claims by a reputable insurance company.**

Signed.....

Signed.....

Date.....

**If rider is under 18 years of age the signature must be endorsed by a Parent or Guardian.**

**PLEASE COMPLETE THIS FORM AND HAND IN, TOGETHER WITH YOUR CAP, AT THE MEET**