

<https://www.nm-mvh.com/HunterPace.html>

NM-MVH FALL HUNTER PACE



An annual Event and a Leg of the Maryland Hunt Club Sponsored
Hunter Pace Series • Open to all Riders

**SATURDAY,
OCTOBER
18, 2025**

**First Team
on course 10 AM**

1600 Marker Road • Middletown MD
In case of questionable weather
Please call the monitor 301-371-4081

- Classes Suitable for Every Team
- \$35.00 per Person, per Team, per Trip
- Fun Course - Flat & Over Fences
- Pay online or at the event

**Bring your friends, family & tailgate, enjoy the
day at the foot of South Mountain!**

Registration Packet

Visit <http://www.nm-mvh.com/HunterPace.html>

**Class schedule * Registration form (including Coggins #) •Liability waiver
Juniors must have a parent or guardian sign their forms.
•Payment via PayPal([PayPal.me/nmmvh](https://www.paypal.com/ncm/nmmvh))**

NM-MVH
HUNTER PACE

Team Name _____ Team Number _____ New Team? Y N

The team name will be used for point tracking purposes. You must use the same team name at each hunter pace in order for points to count.

Hunt Affiliation _____

Entry Fee: \$35 per rider, per class

Class Entered (check off one):

- | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>_____ 1. Fast Time Over High Fences</p> <p>_____ 2. Optimum Time Over High Fences</p> <p>_____ 3. Optimum Time Over Low Fences</p> | <p>_____ 4. Junior Optimum Over Low Fences</p> <p>_____ 5. Optimum Flat Time</p> <p>_____ 6. Junior Optimum Flat Time</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|

IF MULTIPLE ENTRIES FOR SAME TEAM IN SAME CLASS, PLEASE ALERT REGISTRATION AND TIMING

Rider #1

Name: _____	Paid by: _____ <input type="checkbox"/> Check _____ <input type="checkbox"/> Cash _____ Releases signed <input type="checkbox"/>
Check one: <input type="checkbox"/> Junior (18 and Under) <input type="checkbox"/> Senior	
Email Address: _____	
Mailing Address: _____	
Phone Number _____	
Coggins# _____	

Rider #2

Name: _____	Paid by: _____ <input type="checkbox"/> Check _____ <input type="checkbox"/> Cash _____ Releases signed <input type="checkbox"/>
Check one: <input type="checkbox"/> Junior (18 and Under) <input type="checkbox"/> Senior	
Email Address: _____	
Mailing Address: _____	
Phone Number _____	
Coggins# _____	

Rider #3

Name: _____	Paid by: _____ <input type="checkbox"/> Check _____ <input type="checkbox"/> Cash _____ Releases signed <input type="checkbox"/>
Check one: <input type="checkbox"/> Junior (18 and Under) <input type="checkbox"/> Senior	
Email Address: _____	
Mailing Address: _____	
Phone Number _____	
Coggins# _____	

Rider #4

Name: _____	Paid by: _____ <input type="checkbox"/> Check _____ <input type="checkbox"/> Cash _____ Releases signed <input type="checkbox"/>
Check one: <input type="checkbox"/> Junior (18 and Under) <input type="checkbox"/> Senior	
Email Address: _____	
Mailing Address: _____	
Phone Number _____	
Coggins# _____	

Please send the Registration form, including Coggins #, Liability Waiver, to Richard Rhinehart rhinehart.richard@gmail.com & Also note the "HP event" Or Bring them with you. • \$35 PER ROUND IF PAYING BY CASH OR CHECK PLEASE MAKE CHECKS PAYABLE TO: NM-MVH • \$38 PER ROUND IF PAYING VIA PAYPAL nmmvh.treas@nm-mvh.com [PayPal.me/nmmvh](https://www.paypal.com/nmmvh) | & Also note the "HP event"

RELEASE AND WAIVER OF LIABILITY

I REQUEST PERMISSION TO PARTICIPATE IN CROSS-COUNTRY HORSEBACK RIDING WITH THE **NEW MARKET-MIDDLETOWN VALLEY HOUNDS, INC.** ("NM-MVH").

I FULLY UNDERSTAND THAT CROSS-COUNTRY HORSEBACK RIDING (WHICH INCLUDES JUMPING OVER FENCES AND OTHER OBSTACLES AND RIDING ON DANGEROUS AND ROUGH TERRAIN) IS A DANGEROUS ACTIVITY. I WISH TO PARTICIPATE IN THIS ACTIVITY KNOWING IT IS DANGEROUS. I ACCEPT AND ASSUME ALL THE RISKS OF INJURY (INCLUDING DEATH) TO ME OR MY PROPERTY.

IN EXCHANGE FOR THIS PERMISSION TO PARTICIPATE IN THIS ACTIVITY, FOR MYSELF, MY HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES, I RELEASE AND AGREE NOT TO MAKE OR BRING ANY CLAIM OF ANY KIND AGAINST THE **NM-MVH**, OR THEIR RESPECTIVE MASTERS, OFFICERS, DIRECTORS, MEMBERS, MANAGERS, AGENTS, EMPLOYEES, STAFF OR GUESTS OR ANY LANDOWNER OR OTHER PERSON MAKING PROPERTY AVAILABLE FOR THIS CROSS-COUNTRY RIDE; FOR ANY INJURY (INCLUDING DEATH) TO ME OR ANY DAMAGE TO MY PROPERTY WHETHER FROM ANYONE'S NEGLIGENCE OR NOT, OR ANY OTHER CAUSE, ARISING OUT OF MY PARTICIPATION IN THESE DANGEROUS HORSEBACK RIDING ACTIVITIES.

BY SIGNING THIS RELEASE AND WAIVER, I UNDERSTAND THAT I AM GIVING UP ANY RIGHT I HAVE TO SUIT AND TO MAKE CLAIMS AGAINST ANY OF THOSE LISTED ABOVE (INCLUDING MEMBERS AND PARTICIPANTS) FOR ANY INJURIES I MIGHT SUSTAIN WHILE ON HORSEBACK OR FOLLOWING OR PARTICIPATING ON FOOT OR BY VEHICLE AND THAT I AM INDEMNIFYING THOSE LISTED ABOVE (INCLUDING MEMBERS AND PARTICIPANTS) FOR INJURING ANYONE ELSE OR ANY HORSE RIDDEN BY ANOTHER WHILE SO ENGAGED AND I DO SO KNOWINGLY AND VOLUNTARILY.

BY SIGNING THIS RELEASE AND WAIVER I ALSO GRANT TO NM-MVH THE IRREVOCABLE RIGHT TO USE PHOTOGRAPHS TAKEN AT ANY NM-MVH EVENT IN NM-MVH PRINTED OR ELECTRONIC MATERIALS AND PUBLICATIONS OR ON ITS WEB SITE. I ALSO WAIVE ANY RIGHT TO ROYALTIES OR OTHER COMPENSATION ARISING FROM OR RELATED TO THE USE OF THE PHOTOGRAPHS.

SIGNATURE _____ **DATE** _____

PRINT NAME _____

ADDRESS _____ **City** _____ **State** _____ **Zip** _____

PHONE _____ **CELL** _____

EMAIL _____

PARENT OR GUARDIAN RELEASE AND WAIVER

I AM THE PARENT OR GUARDIAN OF _____, A MINOR, AND ON THE MINOR'S BEHALF AND ON MY BEHALF AND ON BEHALF OF ALL OTHER PARENTS OR GUARDIANS OF THE MINOR, I ACCEPT THE RELEASE AND WAIVER OF LIABILITY LISTED ON THE FORM AS AN INDUCEMENT FOR ALLOWING MY CHILD OR THIS MINOR, TO PARTICIPATE IN HORSE RELATED ACTIVITIES. I FURTHER AUTHORIZE ANY EMERGENCY MEDICAL CARE WHICH MAY BE NECESSARY. I REPRESENT AND WARRANT THAT I HAVE AUTHORITY TO GIVE THIS RELEASE.

SIGNATURE OF PARENT/GUARDIAN _____ **DATE** _____

PRINT NAME _____

ADDRESS/ _____ **City** _____ **State** _____ **Zip** _____

I AM A MEMBER OF A RECOGNIZED HUNT CLUB THAT CARRIES A LIABILITY POLICY SPONSORED BY THE MASTERS OF FOXHOUNDS ASSOCIATION (MFHA) **YES** _____ **NO** _____