



# Mark your calendars!



# Halloween Hunter Pace at The Perry Plantation Sunday, Oct. 30, 2011

Misty Morning Hounds  
9243 SE CR 2082  
Gainesville, FL 32641  
(352) 375-0800



**WESTERN RIDERS WELCOME!**

**COME VISIT ONE OF THE BEST-KEPT RIDING SECRETS AROUND AT THE PERRY PLANTATION !! EXPERIENCE SOME OF THE BEST TRAILS AND MOST SCENIC VIEWS IN FLORIDA, AND WILDLIFE VIEWING AT ITS BEST!!**



Pre-entry NOT required—Please enter day of show



## HUNTER PACE AT THE PERRY PLANTATION (aka Misty Morning Hounds Kennels)

- Photographer may be on premises. Bring lawn chairs!
- Regular Pace Classes start at 8:00a.m. Secretary & course open at 7:30. 5-Mile Pace classes are TEAM only. Let us know if you need to be added to a team. Last rider out for the 5-mile team class by 12:00. If riding on a jumping team pace class, ALL the members of the team need to jump all the jumps or circle 3 times before bypassing them. Otherwise, riders need to enter the non-jumping class and the jumpers may jump the pace jumps by choice for fun. Please do not veer off the pace course to jump obstacles not designated for the pace course.
- We no longer offer an outrider option. If you want to accompany someone on the course, you need to enter the class and pay full fee.
- TIME LIMIT**—Re-schooling a jump is OK except when competing for FHTA points, but **if you are on the course twice the optimum time, whether FHTA or not, you will be disqualified and asked to leave the course.**
- Hunter Pace Order of go is whenever you are ready. Simply tell start box which class you are riding. FHTA members, riding for points need to ride between 9 and 11 a.m.. Non -FHTA members will also be riding during this time period. Be sure to let the start box know if you are competing for FHTA points.
- Ribbons for pace are based on time only. All jumps designated on a course MUST be either jumped or attempted / approached 3 times before by-passing and continuing course. Jump only the jumps designated for your course, or the higher option if located beside it. No jump or time penalties are allotted. Winners are determined by closest to optimum time.
- Waivers MUST be signed and fees paid prior to riding. Minors with a trainer must have a PARENT signature on the waiver form. If the parent is not accompanying the child, the waiver must have the notarized parent signature and an emergency authorization form signed by parent in case of an accident. (Call us for the minor release forms & we will send.) Make more copies of the waiver and entry forms if you need them. Turn the original, signed ones in to us the day of the show.**
- Ribbons through 8th place. Informal attire. Boots, helmets, & info armbands required. Armbands (free) available on grounds. Stallions permitted. Ribbons will be mailed to competitors after the event.
- FOXHOUND KENNELS ARE LOCATED ON SITE.**
- PLEASE - LEAVE YOUR DOGS AT HOME**





# Misty Morning Hounds Entry Form —pre-entry not required—Please enter day of show)

## Hunter Pace (Begins at 8:00) Order of Go is whenever you are ready to ride.

**Please! No Dogs!!**

CLASS	SCORING	SPEED	Max Ht/Distance	Fee	Total fees
Walk-Trot	Optimum Time	225 mpm	n/a 1 mile±	\$15.00	
Pee Wee	Optimum Time	275 mpm	2' 1 mile ±	\$15.00	
Beginner Novice	Optimum Time	325 mpm	2'6" 1 mile ±	\$15.00	
Novice	Optimum Time	350 mpm	2'11" 1.5 miles ±	\$15.00	
Training	Optimum Time	425 mpm	3'3" 1.5 miles ±	\$15.00	

### HUNTER PACE TEAM CLASSES (last team out by noon)

5 mile Pasture fit flat	Optimum Time	n/a	5 miles ±	\$25/horse	
5 mile Pasture fit jump	Optimum Time	2'6" max	5 miles ±	\$25/horse	
5 mile Hunting fit flat	Optimum Time	n/a	5 miles +	\$25/horse	
5 mile Hunting fit jump	Optimum Time	2'6" max	5 miles +	\$25/horse	



### HALLOWEEN FUN & GAMES CLASSES - BEGIN AT 2:00 P.M.

Costume Class(Please circle classes) Leadline <del>12</del> years & under/ 13—21 yrs / 21 yr +		\$ 15.00 x 1 / 2 / 3 / 4	
Individual Games (Please circle class/classes)	Egg & spoon	\$ 15.00 each	
Team Games (Please circle class/classes)	Crepe paper race	\$ 15.00 per rider	
Grounds Fee	→ <b>\$15 per horse (Hunt Members Free)</b>		<input type="text"/>

TOTAL \$

**Waivers MUST be signed and fees paid prior to riding. Minors with a trainer must have a PARENT signature on the waiver form. Contact us for a Minor Release Form. If the parent is not accompanying the child, the waiver needs to have a notarized parent signature and an emergency authorization form signed by parent in case of an accident. (Call us for this & we will send.) Make more copies of the entry form if you need them. Turn the original, signed ones in to us the day of the**



**REMEMBER TO INCLUDE A COPY OF YOUR CURRENT COGGINS WITH ENTRY. PLEASE PRINT LEGIBLY!**

RIDER: \_\_\_\_\_ PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HORSE: \_\_\_\_\_ Cog. Date \_\_\_\_\_

If minor, AGE: \_\_\_\_\_ and name of adult accompanying/responsible for child \_\_\_\_\_.

I request permission to participate in cross-country riding and foxhunting activities with the Misty Morning Hounds, Inc.

I fully understand that horsebackriding, 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 participate in these activities knowing they are dangerous. I accept and assume all the risks of injury (including death) to me or my property.

In exchange for being permitted to participate in these activities, for myself, my heirs, guardians, and legal representatives, I release and agree not to make or bring any claim of any kind against Misty Morning Hounds, Inc. or its Masters, officers, directors, members, employees, or guests or any land owners, landholders or other persons making property available for Misty Morning Hounds, Inc. 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 horsebackriding, foxhunting or related activities; and I also agree if anyone makes any claims because of any injury to me (including death), or for any damage to my property, I will keep all those released by this agreement free of any damages or costs because of those claims.

Make checks payable to **Misty Morning Hounds - 9243 SE CR 2082 Gainesville, FL 32641 (352) 375-0800** Questions? Phone: Alexis Macaulay (352) 375-0800 or cell phone (352) 258-0317. **PLEASE ENTER DAY OF SHOW.** No pre-entry required **DIRECTIONS TO THE PERRY PLANTATION (aka Misty Morning Hounds Kennels)**



**From the Interstate:** go I - 75 to EXIT 73 - (Micanopy) Exit to the east on CR 234. Roughly a mile to 441. Turn right onto 441. Go 7-tenths of a mile and turn left on CR 234. Go 6.7 miles. Do not speed and **STOP COMPLETELY at the stop sign!!** Cops live at this intersection!! Turn right on 2082. Go 3-tenths of a mile. Look for sign on right at 4-board black horse fence (set well back from road) at row of mailboxes on right just before 2082 makes sharp turn to left and turns into a continuation of CR 234. If you end up back out on Hwy 20, you have gone 1 mile too far. **BE SURE TO STOP BEFORE CROSSING RAILS**



**AGREEMENT FOR RELEASE AND WAIVER OF LIABILITY  
FOR A MINOR CHILD (under 18 years of age)**

I request permission for my child, named below, to participate in cross-country riding and foxhunting activities with the Misty Morning Hounds, Inc.

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 the risks of injury (including death) to my child or my property. I represent and warrant that I have the authority to give this release.

In exchange for my child being permitted to participate in these activities, for my child, for myself, my child's heirs, guardians, and legal representatives, I release and agree not to make or bring any claim of any kind against Misty Morning Hounds, Inc. or its Masters, officers, directors, members, employees, or guests or any land owners, landholders or other persons making property available for Misty Morning Hounds, Inc. 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 horsebackriding, foxhunting or related activities; and I also agree if anyone makes any claims because of any injury to my child (including death), or for any damage to my property, I will keep all those released by this agreement free of any damages or costs because of those claims.

Dated: \_\_\_\_\_, 20\_\_ Parent's Signature \_\_\_\_\_ Print parent's name: \_\_\_\_\_  
 Print child's name: \_\_\_\_\_

**EQUINE ACTIVITY SPONSOR RELEASE**

Know all men by these present, that: Name: \_\_\_\_\_

Who resides at: \_\_\_\_\_  
 (Address)

\_\_\_\_\_  
 (City, state, zip)

\_\_\_\_\_  
 (Cell Phone)

\_\_\_\_\_  
 (Home Phone)

\_\_\_\_\_  
 (E-mail)

<input type="checkbox"/> Rider
<input type="checkbox"/> Spectator
Child's age: _____

<input type="checkbox"/> I am a friend /guest of: _____
<input type="checkbox"/> I am a member of the following Hunts: _____ _____

(hereinafter referred to as "Participant"), desires to engage in and does hereby engage in the following equine activity, to wit: horsebackriding, fox/draghunting and related activities as described above, located at territory designated as a fixture that day.

For and in consideration of the above activities, services, and entry fees paid, receipt and sufficiency of which is hereby acknowledged, Participant hereby does forever and finally release, remise, acquit, satisfy and forever discharge the Equine Activity Sponsor of and from all manner of action and actions, cause and causes of action, suit, debts, dues, sums of money, bonds, billings, contracts, controversies, agreements, promises, damages, variances, judgments, executions, claims and demands whatsoever, in law or in equity, which may arise or might in the future arise or herein after may arise for or against the Equine Activity Sponsor for the activities as stated above.

This document is meant to be a full and complete release from any and all liability that may arise from participating in the above described equine activity.

**WARNING**

UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.

My signature also authorizes Misty Morning Hounds to use images (of me and my family) to promote the events in which we participate. This document is meant to be a full and complete release from any and all liability that may arise during my participation in any and all activities sponsored by Misty Morning Hounds. This release is given freely and voluntarily by the participant and is meant to remain in existence throughout the duration of the equine and/or other activities, whether I am or am not found to be negligent while handling or near a horse, or participation in the above mentioned activities, or peripheral activities associated with this sport.

\_\_\_\_\_  
 (Signature of participant / child)      \_\_\_\_\_  
 (Signature of parent or legal guardian)      \_\_\_\_\_  
 (date)

\_\_\_\_\_  
 (Print name of child)      \_\_\_\_\_  
 (Print name of parent or legal guardian)

**THESE 2 PERSONS HAVE WATCHED US SIGN OUR NAMES:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (Acceptance of Equine Activity Sponsor)

<p><b>Signature of parent or legal guardian must be notarized if parent is not accompanying child. Child must be supervised by someone at all times. Please list the person supervising &amp; responsible for your child:</b></p> <p>_____</p>
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### Emergency Medical Information

Name: \_\_\_\_\_ S.S.# \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_  
\_\_\_\_\_

Are you here on the premises with anyone that we need to contact: \_\_\_\_\_

Contact #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #'s: \_\_\_\_\_

Contact #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #'s: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Under name of: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Insurance Phone #: \_\_\_\_\_

Blood Type: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Allergies: \_\_\_\_\_

Current medications: \_\_\_\_\_

Normal vision? \_\_\_\_\_ Do you wear contacts? \_\_\_\_\_

Previous medical conditions:

\_\_\_ Head injury \_\_\_ Concussions? \_\_\_ #? \_\_\_

\_\_\_ Neck \_\_\_ Back \_\_\_ Chest \_\_\_ Heart

\_\_\_ Abdomen \_\_\_ Arms \_\_\_ Legs \_\_\_ Blood

\_\_\_ Diabetes \_\_\_ Epilepsy \_\_\_ Asthma \_\_\_ Hearing Pressure

Other conditions or allergies: \_\_\_\_\_

Barn contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Vet: \_\_\_\_\_ Phone: \_\_\_\_\_

**PARENT PLEASE COMPLETE THIS FORM IF SOMEONE OTHER THAN THE PARENT IS ACCOMPANYING THE CHILD TO THE COMPETITION:**

CONSENT TO EMERGENCY MEDICAL, DENTAL, OR SURGICAL TREATMENT FOR A MINOR CHILD

My name is \_\_\_\_\_ . I am the mother, father, legal guardian  
(print name) (circle one)  
of \_\_\_\_\_. I hereby give my consent to medical treatment that is necessary to save the life of the minor child named above.

My insurance company: \_\_\_\_\_

Insurance company phone: \_\_\_\_\_

Insurance policy number: \_\_\_\_\_

My home address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

Workplace: \_\_\_\_\_

**IF UNABLE TO CONTACT ME, PLEASE CALL ONE OF THE FOLLOWING:**

Person	Phone number
_____	_____
_____	_____

In case of emergency, I prefer that my child is taken to the following hospital:

\_\_\_\_\_

The child's physician is: \_\_\_\_\_  
Physician's phone: \_\_\_\_\_

If the above hospital or physician is in another town from where the accident occurs, I agree that it is alright to take the child to the most convenient medical facility.

\_\_\_\_\_  
(Signature of parent or legal guardian)

\_\_\_\_\_  
(Date)