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# MISTY MORNING HOUNDS CLOSING HUNT!



**March 11th, 2023. Mounted by 8:30AM**

Light breakfast to follow

RSVP by: March 4th

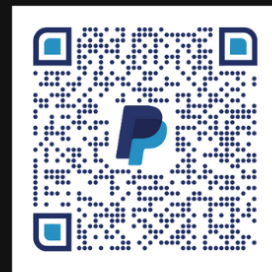
\$20 late fee per person afterward

Members: \$35.00

Non-member Capping: \$75.00

Tally Ho Wagon(Adult): \$50.00

Tally Ho Wagon(Under 14):\$35.00



PAYPAL- MMHOUNDS@AOL.COM

**RSVP TO: MMHOUNDSRSVP@GMAIL.COM**

Hunt Questions? (352) 215-8514

The Perry Plantation

9243 County Road 2082, Gainesville, FL 32641



Adult Liability waiver



Minor Liability waiver



# MISTY MORNING HOUNDS ROARING 20'S CLOSING HUNT BALL



A fundraising event to maintain care of the hounds during the off season  
**Dressing in theme encouraged.** Don't forget our outstanding **silent auction!**

MARCH

11

5:00-11:00

The Perry Plantation

9243 County Road 2082, Gainesville, FL 32641



Adult Liability waiver



Minor Liability waiver

RSVP BY MARCH 4

\$20 LATE FEE AFTERWARDS

SEND RSVP TO; MMHOUNDSRSVP@GMAIL.COM

HUNT BALL QUESTIONS? (352) 282-9966

**Hunt Ball Ticket prices**

**Members: \$75.00**

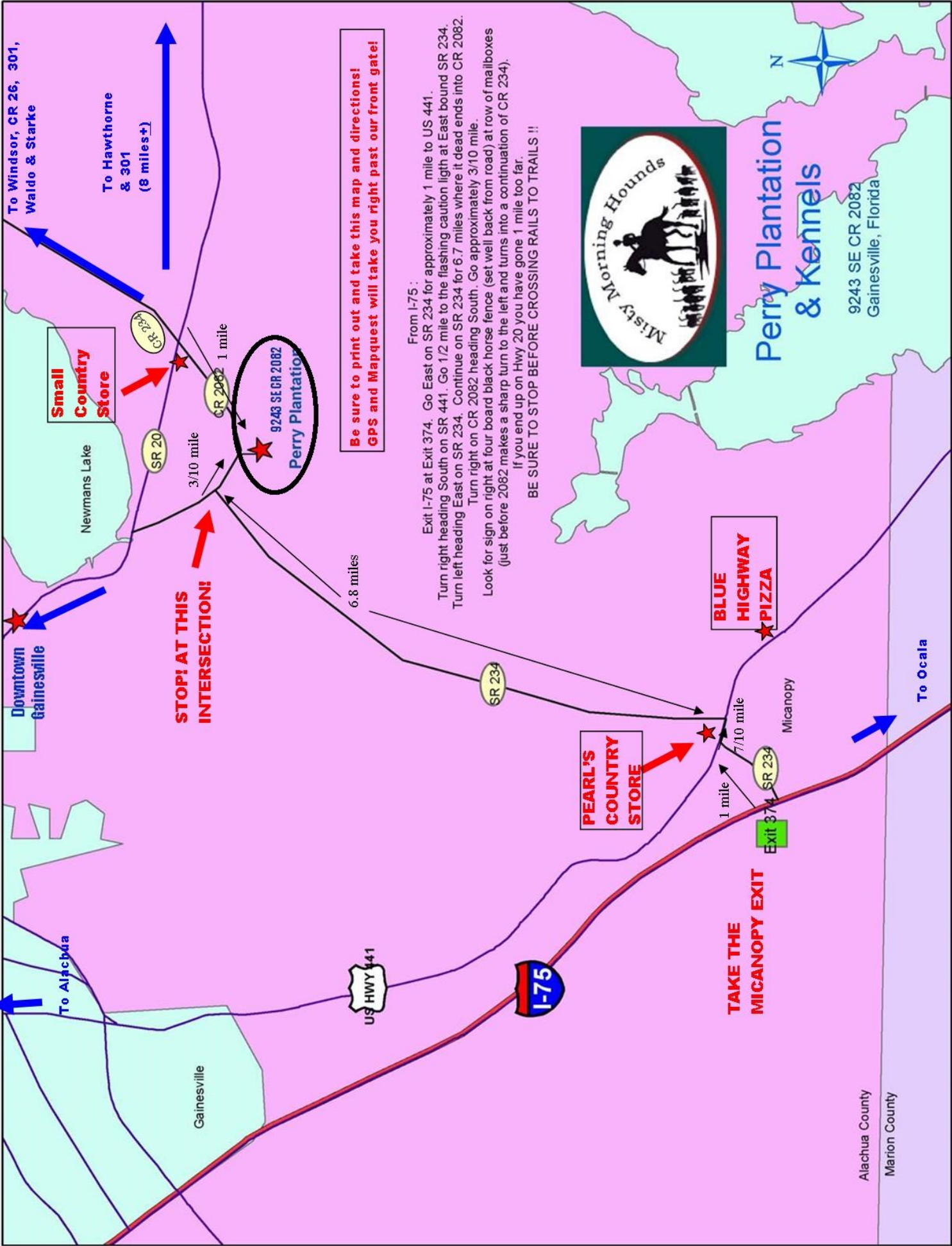
**Non-Members: \$100.00**

Paypal- [mmhounds@aol.com](mailto:mmhounds@aol.com)



**Food Provided by:**





To Windsor, CR 26, 301, Waldo & Starke

To Hawthorne & 301 (8 miles+)

**Small Country Store**

Newmans Lake

**STOP! AT THIS INTERSECTION!**

3/10 mile

CR 2082 1 mile

9243 SE CR 2082  
**Perry Plantation**

**Be sure to print out and take this map and directions!  
GPS and Mapquest will take you right past our front gate!**

From I-75:

Exit I-75 at Exit 374. Go East on SR 234 for approximately 1 mile to US 441. Turn right heading South on SR 441. Go 1/2 mile to the flashing caution light at East bound SR 234. Turn left heading East on SR 234. Continue on SR 234 for 6.7 miles where it dead ends into CR 2082. Turn right on CR 2082 heading South. Go approximately 3/10 mile.

Look for sign on right at four board black horse fence (set well back from road) at row of mailboxes (just before 2082 makes a sharp turn to the left and turns into a continuation of CR 234). If you end up on Hwy 20 you have gone 1 mile too far.

**BE SURE TO STOP BEFORE CROSSING RAILS TO TRAILS !!**

**PEARL'S COUNTRY STORE**

**BLUE HIGHWAY PIZZA**

**TAKE THE MICANOPY EXIT**

1 mile

7/10 mile

Exit 374 SR 234

Micanopy

To Ocala



**Perry Plantation & Kennels**

9243 SE CR 2082  
Gainesville, Florida



Alachua County  
Marion County



**AGREEMENT FOR RELEASE AND WAIVER OF LIABILITY – ADULT (18 years of age & older)**

I request permission to participate in cross-country riding and foxhunting activities, or any other activities or fundraisers whether equine or non-equine related, sponsored by Misty Morning Hounds, Inc. and/or The Perry Plantation (TPP), and/or Alexis and Walter Macaulay (hereinafter referred to as "Equine Activity Sponsor" or Releasee). I further understand that any of these activities hold inherent risks even if I am a spectator or guest and am not riding a horse. I fully understand that horsebackriding, cross-country 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 TPP, 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. (also termed as Releasees) 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 or unrelated 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. Furthermore, in connection with any attempt to recover losses incurred with the enforcement of this agreement, I agree to pay Releasee's attorney's fees, reasonable costs and/or expenses for which expenditure is made or liability incurred by any Releasee, regardless of the outcome.** My signature also authorizes Misty Morning Hounds and TPP to use images (of me and my family and friends) to promote the events in which we participate on the website and in various media formats. This agreement remains in full force, does not require renewal, & does not have an expiration date. I hereby agree to indemnify, defend and hold harmless the Releasees from any and all loss, liability, damage, or costs, including attorney's fees, as a result of claims.

Misty Morning Hounds and TPP endorse a policy of wearing a helmet for all mounted horsebackriding activities. I understand that wearing a helmet during mounted or riding activities adds to my personal safety. If I elect not to wear a helmet during horsebackriding, foxhunting, or related activities of any kind with Misty Morning Hounds, Inc. and TPP, I do so at my own risk and I release & agree not to make or bring any claim of any kind against Misty Morning Hounds, Inc., its Masters, officers, directors, owners, members, employees, guests, landowners, TPP, or any other person for any injuries, death or damage to my property whether from anyone's negligence or not.

**EQUINE ACTIVITY SPONSOR RELEASE**

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

<input type="checkbox"/>	<b>Rider</b>
<input type="checkbox"/>	<b>Spectator</b>

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

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

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

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

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


<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 or events, equine or non-equine, sponsored by Misty Morning Hounds, Inc. as described above, located at a territory designated as a fixture or location that day. For and in consideration of the above activities, services, and entry fees paid or waived, 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. I understand that this release is effective from the date signed and shall not expire unless revoked by Misty Morning Hounds, Inc. in writing, and also supersedes any previously signed waivers.

**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 and TPP to use images (of me and my family and friends) to promote the events in which we participate on the website and in various media formats. 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 or The Perry Plantation. This release is given freely and voluntarily by the participant, whether any party is or is not found to be negligent, and is meant to remain in effect until revoked by Misty Morning Hounds, Inc. and/or The Perry Plantation, in writing. If any part of this Agreement is found to be unenforceable by a court, such decision shall NOT affect the validity of the remaining portion, and the remaining portion shall be valid & in full force as if this Agreement had been executed with the invalid portion thereof eliminated.

  
\_\_\_\_\_  
(Signature of participant)

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

\_\_\_\_\_  
(Print name of participant)

<p><b>Please include a signed waiver for each person attending, including spectators. Make copies of this form, if necessary.</b></p>
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**AGREEMENT FOR RELEASE AND WAIVER OF LIABILITY FOR A MINOR CHILD (under 18 years of age)**

I request permission for my child to participate in cross-country riding and foxhunting activities, or any other activities or fundraisers whether equine or non-equine related, sponsored by Misty Morning Hounds, Inc. and/or The Perry Plantation (TPP), and/or Alexis and Walter Macaulay (hereinafter referred to as "Equine Activity Sponsor" or Releasee). I further understand that any of these activities hold inherent risks even if I am a spectator or guest and am not riding a horse. I fully understand that horsebackriding, cross-country 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 authority to give this release.

In exchange for my child being permitted to participate in these activities, for my child, for myself, my heirs, guardians, and legal representatives, I release and agree not to make or bring any claim of any kind against TPP, 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. (also termed as Releasees) 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 child's participation in these dangerous horsebackriding, foxhunting or related or unrelated 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. Furthermore, in connection with any attempt to recover losses incurred with the enforcement of this agreement, I agree to pay Releasee's attorney's fees, reasonable costs and/or expenses for which expenditure is made or liability incurred by any Releasee, regardless of the outcome. My signature also authorizes Misty Morning Hounds and TPP to use images (of my child, me and my family and friends) to promote the events in which we participate on the website and in various media formats. This agreement remains in full force, does not require renewal, & does not have an expiration date. I hereby agree to indemnify, defend and hold harmless the Releasees from any and all loss, liability, damage, or costs, including attorney's fees, as a result of claims.

Misty Morning Hounds and TPP endorses a policy of wearing a helmet for all mounted horsebackriding activities. I understand that wearing a helmet during mounted or riding activities adds to my child's personal safety. If I choose to allow my child to not wear a helmet during horsebackriding, foxhunting, or related activities of any kind with Misty Morning Hounds, Inc. and TPP, or my child does so with or without my consent or knowledge, I fully accept the risk and that of my child, and I release & agree not to make or bring any claim of any kind against Misty Morning Hounds, Inc., its Masters, officers, directors, owners, members, employees, guests, landowners, TPP, or any other person for any injuries, death or damage to my property whether from anyone's negligence or not.

**EQUINE ACTIVITY SPONSOR RELEASE**

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

**Rider**  
 **Spectator**

**Who resides at:** \_\_\_\_\_

(Address) \_\_\_\_\_

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

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

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

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

I am a friend /guest of: \_\_\_\_\_


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 or events, equine or non-equine, sponsored by Misty Morning Hounds, Inc. as described above, located at a territory designated as a fixture or location that day. For and in consideration of the above activities, services, and entry fees paid or waived, 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. I understand that this release is effective from the date signed and shall not expire unless revoked by Misty Morning Hounds, Inc. in writing, and also supersedes any previously signed waivers.

**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.

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\_\_\_\_\_  
(Signature of participant / child)

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

\_\_\_\_\_  
(Print name of child)

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

Date: \_\_\_\_\_

**Please include a signed waiver for each person attending, including spectators. Make copies of this form, if necessary.**

**Emergency Medical Information**

**Last Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **S.S.# (optional) or last 4 digits** \_\_\_\_\_

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

\_\_\_\_\_

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

**E-mail:** \_\_\_\_\_

**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 Pressure**

\_\_\_ **Diabetes**          \_\_\_ **Epilepsy**          \_\_\_ **Asthma**          \_\_\_ **Hearing**

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

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

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

**Needed if someone other than parents  
are bringing minor to the hunt event**

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

My name \_\_\_\_\_ I am the mother, father guardian (circle) 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: \_\_\_\_\_ phone \_\_\_\_\_  
My policy number \_\_\_\_\_

My home address \_\_\_\_\_ phone \_\_\_\_\_  
phone at work \_\_\_\_\_ 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 \_\_\_\_\_ Phone \_\_\_\_\_

This form is to be retained in the camp/riding school office. A shorter version may be kept in the stables. The long form should accompany child to hospital.

This form should be kept with the release form signed by parent. It provides evidence that parent has read and understands the release prior to signing release.