

WICOMICO HUNT CLUB

Cordially invites you to the

ALL Penn-Marydel Performance Trial

March 1-3, 2024

Join Wicomico Hunt Club for our seventh annual Performance Trial! Hounds will hunt the stunning Wye Island NRMA on Maryland’s Eastern Shore. The open, flat terrain gives excellent visibility for watching hounds in actions. Wye Island spans 2,000 acres of cropland and wooded cover, perfect for foxhunting. A public gravel road runs through the middle allowing both judges and non-riding spectators to witness the exciting hound action along the pristine Wye River.

The Performance Trial (PT) operates like a standard foxhunt for riders, offering first and second fields to accommodate all skill levels. The twist? Our neutral Huntsman, Marty Morani from Wicomico Hunt Club, will lead hounds entered from various participating hunt clubs. Judges ride alongside hounds, ensuring fair conditions for the 45 hounds representing the Penn-Marydel (PMD) packs. Fred Berry, Sedgefield Hunt, will serve as the PT Chief Judge.

Experience the beautiful sounds of PMD hounds in the classic Chesapeake countryside and savor the hospitality of the Eastern Shore with Wicomico Hunt Club!

The Wye Island Fox. Photo Credit Amy Brookshire

**PERFORMANCE TRIAL SCHEDULE OF EVENTS**

**FRIDAY MARCH 1st**

5:00 pm Judges meeting at Camp Wright

5:00 pm Happy Hour at Camp Wright

6:00 pm Welcome Dinner at Camp Wright

**SATURDAY MARCH 2nd**

9:00 am Hound Performance Trial @ Wye Island

12:00 pm Hunt Breakfast @ Wye Island

5:00 pm Happy Hour at Camp Wright\*

6:00 pm Dinner & first day awards at Camp Wright

\*Includes a Whip cracking & Horn blowing contest (Bring your best game!)

**SUNDAY MARCH 3rd**

9:00 am Hound Performance Trial @ Wye Island

12:00 pm Hunt Breakfast and Awards @ Pintail Point Visitor Center

**PARTICULARS**

**Camp Wright:** 400 Camp Wright Lane, Stevensville, MD 21666 **Wye Island Hunt Fixture:** 632 Wye Island Rd, Queenstown MD 21658 (Equestrian Lot) **Pintail Point Visitor Center:** 511 Pintail Point Farm Ln, Queenstown, MD 21068

**Stabling & Registration:** Coordinated by Alison Howard [alisonphoward@gmail.com](mailto:alisonphoward@gmail.com) (410) 490-7038

We will assign stalls as registrations are received and coordinate that information individually.

**Lodging:**

**Hilton Garden Inn,** 3206 Main St, Grasonville, MD (855) 797-6733

**Hyatt Place,** 3208 Kent Narrow Way Grasonville, MD (443) 446-6000

**Contacts:** Ed Fry MFH (410)739-5000, Alison Howard (410) 490-7038, Cara Godack (410) 206-8759

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| --- | --- | --- | --- |
| **PACK REGISTRATION** | | | |
| Huntsman and 5 hound registration on this page only | | | |
| **HUNT NAME** | | | Click or tap here to enter text. |
| **HUNTSMAN NAME:** | | | Click or tap here to enter text. |
| **MOBILE:** | | | Click or tap here to enter text. |
| **ADDRESS:** | | Click or tap here to enter text. | |
| **CITY/STATE/ZIP:** | | Click or tap here to enter text. | |
| **EMAIL:** | Click or tap here to enter text. | | |
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| **FOXHUNT PACKAGE:** 2 ½ couple hounds and 1 rider | | | |
| Includes hunting Saturday and Sunday, all tailgates and evening meals **$550** | | | |
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| **HORSE STABLING:** Offsite stabling $50/night – 1 bale shavings included | | | |
| Friday $50  Saturday $50  Sunday $50  No stabling needed **Stabling Total: $**Click or tap here to enter text. | | | |
|  | | | |
| **REGISTRATION TOTAL DUE BY FEBRUARY 15, 2024: SUB-TOTAL: $** | | | |
| **PAYPAL FEE (Your total x .03): PayPal fee: $** | | | |
| **TOTAL: $** | | | |

**Payment Options**

**PayPal: All fees can be paid electronically via PayPal to** [**fox@wicomicohunt.com**](mailto:fox@wicomicohunt.com) **. Add 3% to the total to cover PayPal fees.**

**Checks: Payable to Wicomico Hunt Club**

**Liability Waiver: Please complete the liability waiver on the last page of registration.**

**Entry and Waiver Submission: Submit entries and liability waivers by emailing to** [**alisonphoward@gmail.com**](mailto:alisonphoward@gmail.com) **or by USPS Alison Howard, 2250 Millington Road, Millington, Maryland 21651.**

**HOUND NAMES DUE by February 15 to Ed Fry** [**edwinrfry@gmail.com**](mailto:edwinrfry@gmail.com)**. Please be sure the numbers are BIG enough and BOLD enough for judges to see from a distance. Refer to “Numbering Hounds” on the** [**MFHA Performance Trial**](https://mfha.com/performance-trials/) **page.**

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| --- | --- | --- | --- | --- |
| **INDIVIDUAL REGISTRATION** | | | | |
| Masters, Staff, and Field riders and non-riders registration on this page only. | | | | |
| **HUNT NAME:** | | Click or tap here to enter text. | | |
| **NAME:** | | Click or tap here to enter text. | | |
| **MOBILE:** | | Click or tap here to enter text. | | |
| **ADDRESS:** | | | Click or tap here to enter text. | |
| **CITY/STATE/ZIP:** | | | Click or tap here to enter text. | |
| **EMAIL:** | Click or tap here to enter text. | | | |
|  | | | | |
| **INDIVIDUAL RIDER WEEKEND PACKAGE:** | | | | |
| Includes hunting Saturday and Sunday, all tailgates and evening meals. **$450** | | | | |
| **INDIVIDUAL RIDER ONE-DAY PACKAGE:** | | | | |
| Includes hunting either Saturday and Sunday with tailgate to follow. | | | | |
| Saturday Hunt & Tailgate only  Sunday Hunt & Tailgate only  **$250** | | | | |
| **INDIVIDUAL NON-RIDING PACKAGE:** | | | | |
| Includes hunting Saturday and Sunday, all tailgates and evening meals. **$350** | | | | |
| **HORSE STABLING:** Offsite stabling $50/night – 1 bale shavings included | | | | |
| Friday $50  Saturday $50  Sunday $50  No stabling needed **Stabling Total: $**Click or tap here to enter text. | | | | |
|  | | | | |
| **REGISTRATION TOTAL DUE BY FEBRUARY 15, 2024: SUB-TOTAL:** | | | | **$** |
| **PAYPAL FEE (Your total x .03) PayPal fee: $** | | | | |
| **TOTAL: $** | | | | |

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**Performance Trial Rules: Performance Trial Rules and hound numbering information can be found here on the** [**MFHA Performance Trial**](https://mfha.com/performance-trials/) **page.**

WICOMICO HUNT CLUB, INC.

AGREEMENT FOR VOLUNTARY RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

I request permission to participate in foxhunting and/or any other equine related activities (including, but not limited to) hunter paces, hunting clinics, mock hunts, paper chases, cross-country trail rides, social activities (collectively referred to as "WHC activities") with the WICOMICO HUNT CLUB, Inc. subject to the Rules and Regulations thereof. In consideration of the grant of permission to participate in WHC ACTIVITIES, I, for myself, my child or children, my spouse, my personal representatives, heirs, next of kin, assigns, guardians and legal representatives, DO HEREBY:

1. DECLARE that I (the "Releasor"), do fully understand that participation in WHC ACTIVITIES involves DANGER AND THE RISK OF INJURY OR DEATH and that there is INHERENT DANGER IN THESE ACTIVITIES WHICH I APPRECIATE AND VOLUNTARILY ASSUME FOR MYSELF AND ANY MINOR CHILD I AM SIGNING FOR. I have observed or I am aware of the risks inherent in these activities, and I know as well that other participants pose a danger to me and my horse. Nevertheless, I VOLUNTARILY ELECT TO ACCEPT ALL RISKS connected with participation in WHC ACTIVITIES.
2. RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the WICOMICO HUNT CLUB, INC., Inc. and its Masters of

Foxhounds, officers, directors, members, employees, huntsman, whippers-in, guests or any landowners, landholders or other persons making property available to the WICOMICO HUNT CLUB, Inc. (the "Releasees") from and against any and all claims, liabilities arising out of the actions or omissions of Releasees or any other participant in WHC ACTIVITIES which cause the undersigned to suffer injury, death or property damage, or loss, regardless of the legal basis for any such claim or liability. I hereby covenant and agree to hold Releasees harmless and indemnify them from and against any claim, legal action, judgment or expense (including reasonable attorney's fees) such Releasees may incur arising out of my participation, or that of my minor child in WHC ACTIVITIES. This release also includes disease, illness, injury and death, to which you and your family are exposed to the COVID-19 CORONAVIRUS as a result of your participation in hunt activities. Although we have adopted preventative measures, the hunt cannot guarantee that you and/or others you have contact with will not be infected.

1. This Agreement shall remain in effect during this and all subsequent participation, from year to year hereafter, until this release is revoked in writing by the undersigned participant.

This Agreement shall be governed by and construed in accordance with the laws of the State of Maryland, as to those activities occurring in the State of Maryland and in accordance with the laws of the State of Delaware, as to those activities occurring in the State of Delaware. I agree that this Agreement is intended to be as broad and inclusive as it is permitted by the laws of Maryland and Delaware and that if any portion hereof is held invalid, it is agreed that the balance shall continue in full legal force and effect.

FURTHER, I CERTIFY AS FOLLOWS: (i) I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT; (ii) I FULLY UNDERSTAND THAT IT IS A RELEASE OF ALL CLAIMS, A COVENANT NOT TO SUE AND INDEMNITY AGREEMENT; AND (iii) I UNDERSTAND THAT I AND ANY MINOR I AM SIGNING FOR ASSUME ALL RISKS OF ENGAGING IN WHC ACTIVITIES AND THAT THIS RELEASE SHALL REMAIN IN EFFECT UNTIL REVOKED BY ME IN WRITING. I VOLUNTARILY AGREE TO ASSUME ALL RISKS AND ACCEPT SOLE RESPONSIBILITY OF ALL RISKS DESCRIBED HEREIN.

.X\_\_Click or tap here to enter text.\_\_ Date\_\_Click or tap here to enter text.

Signature (To be signed by parent or legal guardian if participant is under 18 years of age).

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Please Print Name of Participant and the name of any minor participant you are signing for

\_Click or tap here to enter text. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact name and phone number Email address Cell phone number

\_\_\_Click or tap here to enter text.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing address of signer Click or tap here to enter text.