

Signed Form
is Required
YEARLY



Montana State University Extension Montana 4-H Horse Project

Permission and Assumption of Risk for Participation in all 4-H Horse Projects

4-H YEAR from: _____ to: _____ County: _____

Participant Name: _____ Birth Date: MM/DD/YYYY _____

Project Name(s): _____

FOR PARTICIPANT

I hereby request and apply to participate in the above listed Montana State University Extension Service 4-H Horse Project. I agree that I will abide by all Extension Service 4-H rules and regulations. I further agree that I will abide by all the directions and requirements which are specified in the project manual, safety guidelines manual, and/or specified by the course leader(s).

Participant Signature: _____ Date: _____

FOR PARENT(S) OR LEGAL GUARDIAN(S)

As parent(s) or legal guardian(s) of the above named child, I/we agree to have my/our child abide by directions and requirements specified in the project manual, safety guidelines manual and assessment criteria provided for the above described Montana State University Extension Service 4-H Horse Project. I/we understand the program and activities which are involved, consent to my/our child's participation, and agree to have my/our child abide by all the applicable rules, regulations and directions specified by the course leader(s). I/we are fully aware that this can be a dangerous activity and there are many serious risks of injury inherent with handling of animals and participation in the 4-H Horse Program. Animals can be unpredictable and may react to sudden movement, unfamiliar surroundings or persons or other activities. I/we also understand the stated risks are increased without my/our child's use of a helmet whenever he/she is around a horse. I/we recognize and understand that some travel may be required and are aware of the risks associated with that activity.

I/we understand and agree that Montana State University and MSU Extension 4-H does not provide accident/medical insurance covering my/our child while participating in 4-H Horse Projects. I/we hereby assume all responsibility for any injury or illness my/our child might sustain while participating in this program.

In consideration of my/our child being permitted to participate in the 4-H Horse Project, I/we hereby assume all the risks associated with participation and necessary travel.

I/we have carefully read the foregoing permission and assumption of risk and sign of my/our own free will and accord.

Printed Name of Parent or Legal Guardian: _____

Signature: _____ Date: _____

Printed Name of Parent or Legal Guardian: _____

Signature: _____ Date: _____