

PERMISSION TO PARTICIPATE IN THE MEIGS COUNTY 4-H HORSE PROGRAM

I understand that my child, _____, will be participating in 4-H Equine Projects and related activities including, but not limited to, 4-H club and countywide organized and sponsored meetings, trainings, mounted meetings/work outs, trail rides, shows, judging contests and 4-H activities involving horses. Involvement may include interaction with horses owned and/or not owned by me or my child. Involvement may lead to contact with both trained and untrained horses and may give rise to a risk of physical injury. I also understand that the participation of my child in 4-H and/or Equine projects and/or activities is not a required activity.

I am aware, and have discussed with my child that:

- A. Horses have a tendency to behave in ways that may result in injury, death, or loss to riders or other persons in the immediate vicinity;
- B. Horses may react in an unpredictable way to sounds, sudden movement, or unfamiliar objects, persons, or other animals;
- C. Riding a horse may give rise to risk of injury from hazards arising from the surface or subsurface of the ground in which the riding activity occurs;
- D. While riding a horse, my child may be involved in a collision with another horse, animal, person, or object;
- E. While riding a horse, my child may fail to maintain control over a horse or fail to act within their abilities, thus causing harm to my child or other participants;
- F. Other participants may act in a negligent manner which otherwise may result in harm to my child; and
- G. He/she should wear ASTM/SEI approved headgear when riding any horse.

I have discussed with my child the need to follow all safety procedures set forth by the 4-H volunteers and/or Meigs County 4-H Horse Committee.

I understand that my child is not required to participate in 4-H Equine projects and related activities, but I grant permission for him/her to do so, despite the possible risks. I recognize that by participating in these activities, as with any physical activity, my child may risk personal injury. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in these activities, and that I assume any expenses that may be incurred in the event of an accident, illness or other incapacity, regardless of whether I have authorized such expenses.

Exhibitor Name (print)

Exhibitor Signature

Date

Parent/Legal Guardian Name (print)

Parent/Legal Guardian Signature

Date