

2009 4-H Horse Camp Registration Form

PLEASE – ONE FORM PER CHILD!

Return completed form to the Ohio State University Extension Office by **May 26, 2009**
OSU Extension of Defiance County, 06879 Evansport Road, Suite B, Defiance, OH 43512

Youth may not participate without a completed registration form.

All information on this form must be completed by the parent/guardian of participant.

Name _____
Last First Middle

Address _____
Street City State Zip

Phone (Home) _____ Parent/ Guardian Name _____

Age: _____ as of 1/1/08 Special Dietary Needs: _____

Preferred Area of Riding: _____ English _____ Western _____ Pleasure _____ Contesting _____ Draft

Minor Photo Release Form

_____ I give the Ohio State University Extension/4-H permission to publish in print, electronic, or video format the likeness or image of my child. I release all claims against the University with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

_____ I do not give the Ohio State University Extension permission to publish the likeness or image of my child.

In Case of Emergency Contact:

Daytime Contact _____ Phone (home and/or cell) _____

Alternate Contact _____ Phone (home and/or cell) _____

Family Doctor: _____ Phone _____

Family Dentist _____ Phone _____

LIST ALL PRESENT MEDICAL AND ALLERGIC CONDITIONS (contact lenses, braces, diabetes, etc.)

Condition _____ Treatment _____

Medication Name _____ Dosage _____

Condition _____ Treatment _____

Medication Name _____ Dosage _____



CHECK IF PARTICIPANT IS ALLERGIC TO:

Foods (specify) _____
Serious Ivy, Oak or Sumac Poisoning _____
Bee or Insect Stings _____ Prescribed Treatment _____
Penicillin _____ Other prescription or Non-prescription drugs _____

INSURANCE INFORMATION:

Name of Insurance Provider: _____ Group # _____
Name of Covered Party: _____

**PERMISSION TO PARTICIPATE IN 4-H HORSE ACTIVITIES
DISCLOSURE AND RELEASE OF CLAIMS**

I, _____, have chosen to participate in the Ohio 4-H Horse Program and its related horse activities. I understand that this participation will involve contact with horses and may give rise to a risk of physical injury.

I am aware that:

- A. Horses have a tendency to behave in ways, which 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, unfamiliar objects, persons, or other animals;
- C. Riding a horse may give rise to a risk of injury from hazards arising from the surface or subsurface of the ground in which these riding activities occur;
- D. While in the vicinity of a horse or while riding a horse, I may be involved in a collision with another horse, another animal, a person, or an object;
- E. Other participants in the program may fail to maintain control over a horse or fail to act within their abilities, thus causing harm to me or other participants; and
- F. Other participants in the program may act in a negligent manner, which could result in harm to me.

As parent or guardian I have discussed with my child the need to behave in a safe manner. I will make sure that my child wears appropriate clothing and footwear during horse activities. In consideration for the opportunity to participate in club, county, district and state 4-H horse activities and the use of services and facilities made available through these 4-H horse activities, I do release and forever discharge for myself and my heirs, executors, administrators, and assigns, the Ohio 4-H Horse Program professional and volunteer leaders, agents, The Ohio State University and its Board of Trustees, its administrators, faculty and staff, from all claims, demands, and causes of action for personal injury or any other damage which may arise out of or be in any way related to my participation in this activity or program.

I understand that my child is not required to participate in any horse activity, but 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 expense that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses. As a parent/guardian, I assume the same risk for myself, and other family members and friends present at these horse activities.

Signed: _____ Date _____
(parent or guardian)

Signed: _____ Date _____
(4-H Member)

This form needs to be signed and on file for each youth participant in any 4-H horse program activity. The form needs to be signed each year and before a youth participates in the Ohio 4-H Horse Program Activities. Under Ohio law, Section 2305.40 of the Revised Code, an equine activity sponsor, professional, volunteer, participant or other person is not liable for an injury to or the death of a participant in the equine activities resulting from the inherent risks of equine activities.