

## Horse Member Participation Form

(Montana State University Extension 4-H permission, release & assumption  
of risk for participation in the Missoula County 4-H Horse program)

Participant Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Club \_\_\_\_\_ 4-H year \_\_\_\_\_

**For Participant:** I hereby request and apply to participate in the Montana State University Extension Service 4-H Horse program. 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, and/or specified by the 4-H leader(s).

**Participant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**For Parent(s) and Legal Guardian(s):** As parents(s) and legal guardian(s) of the above named child, I/we agree to have my/our child abide by the directions and requirements specified in the project manual(s) provided for the Montana State University Extension Service 4-H Program. We understand the program and activities which are involved and consent to have my/our child participate in this program. I/we are fully aware that there can be dangerous activities and there are many risks inherent with, but not limited to, the handling of horses, and participation in 4-H activities. I/we also 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 the Montana State University and MSU Extension 4-H provide limited accident/medical insurance covering my/our child while participating in group 4-H activities, if election is made to purchase insurance upon enrollment.

In consideration of my/our child being permitted to participate in the 4-H program, I/we hereby assume all the risks associated with participation and necessary travel. I/we agree to hold The State of Montana, Montana State University Extension 4-H, its trustees, officers, employees, agents, representatives, volunteers and/or any property or arena owner allowing Extension 4-H program activities upon his/her property harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise in connection with my/our child=s participation in the MSU Extension 4-H program. The terms hereof shall serve as a release and assumption of risk for myself/ourselves, my/our estate, executor(s), administrators(s), assignees and for all members of my/our family.

I/we hereby attest that I/we have carefully read the foregoing release, consent, and assumption of risk & sign this release, consent and assumption of risk of my/our own free will and accord. I/we also certify that I/we are lawfully empowered to enter into this release, consent and assumption of risk.

Name of parent/legal guardian: \_\_\_\_\_ (please print)

Signature \_\_\_\_\_ Date \_\_\_\_\_ Revised Feb. 2002