

Summit County 4-H Saddle Horse Fair Registration
Return by June 1, of current year

Club Name: _____ Advisor Name: _____

Exhibitor Name: _____ Parent: _____

Horse Name (As you want it announced) _____

DOB: _____ 4-H Age (as of Jan 1) _____

Phone #: _____ - _____ - _____

1st Year in Summit County 4-H? (Check one) Yes No

How many years in 4-H (including this year)? _____

Do you ride: (circle) English SS Western Contest (circle) Advanced Intermediate Novice Walk/Trot

Is this an easy-gated project? (Check one) Yes No

Is your project a: (Check One) Horse Pony Height: _____

Is this a leased project? _____ Lease must be returned with packet! Copy goes to Extension office.

Veterinarian's Name: _____ Phone # _____

Farrier's Name: _____ Phone #: _____

Rules/ By-Laws Acknowledgement

As of February current year

- I have received and read the Summit County 4-H Saddle Horse Association Rules and By Laws for 2010. I understand that it is my responsibility to know the rules as outlined in the State 4-H Uniform Rules Book and the Summit County Saddle Horse Association Rule/By-Laws. I also understand and agree that any infraction of the rules (State or Association) as outlined will be strictly enforced.

Member Signature _____ Date _____

Parent/Guardian _____ Date _____

Advisor _____ Date _____

Visit our Website for Rules, By-laws, draft of the fair schedule and much more information!

www.summitcountysaddlehorse.org

If you are leasing a horse: see 4-H guidelines

<http://4hansci.osu.edu/horse/documents/HorseLease.pdf>

Minor Release and Waiver of liability and Indemnity Agreement

(READ CAREFULLY BEFORE SIGNING)

Summit County 4-H Horse Events and Activities 299 E. Howe Road, Tallmadge, Oh 44278 2011

Name of Event Location Date(s) Held

In consideration of being allowed to participate in any way in the horse event or activities indicated above and / or being permitted to enter for any purpose any restricted area (herein defined as any area wherein admittance to the general public is prohibited), the parent(s) and or legal guardian(s) of the minor participant named below agree:

1. The parent(s) and or legal guardian(s) will instruct the minor participant that prior to participating in the above horse activity or event he or she should inspect the facilities and equipment to be used, and if he or she believes anything is unsafe, the participant should immediately advise the officials of such condition and refuse to participate.
2. I/we fully understand and acknowledge that:
 - a. There are risks and dangers associated with participation in horse events and activities which could result in bodily injury, partial and or total disability, and paralysis and death
 - b. The social economic losses and /or damages, which could result from those risks and dangers described above, could be severe.
 - c. These risks and dangers may be caused by the actions, inaction or negligence of the participant or the action, inaction or negligence of others including, but not limited to, the "Releasees" name below.
 - d. There may be other risks not known to us or are not responsibly foreseeable at this time.
3. I/We accept and assume such risk and responsibility for the losses and/or damages following such injury, disability, paralysis or death, however caused and whether caused in whole or in part by the negligence of the "Releasees" named below.
4. I/WE HEREBY RELEASE, WAIVE, DISCHARGE AND COVENANT NO TO SUE the promoter, participants, "Society", owner of the grounds, sanctioning organization, sponsor, advertisers, owners, lessees of premises used to conduct the event and each of them, their officers, agent, and employees, all for the purpose herein referred to as "Releasees", from all liability to the undersigned, my/our personal representatives, assigns, executors, heirs and next of kin for any and all claims, demands, losses or damages on account of any injury, including but not limited to the death of the participant or damaged to property, caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise.
5. On behalf of the participant and individually, the undersigned parent(s) and/or legal guardian(s) for the minor participant executes this Waiver and Release. If, despite the release, the participant makes a claim against any of the "Releasees", the parent(s)/ and or legal guardians(s) will reimburse the "Releasees" and their insuring company for any money which they have paid to the participant, or on his behalf, and hold them harmless.
6. All participants will wear approved helmets per "Uniform Rules for 4-H Horse Shows".

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGING IT AND SIGN IT VOLUNTAIRLY WITHOUT INDUCEMENT.

1. _____
Parent or Guardian (Signature/Relationship) Date

2. _____
Parent or Guardian (Signature/Relationship) Date

Printed Name of Participant _____

Address of Participant _____

Printed Name of Parent or Guardian 1: _____

Printed Name of Parent or Guardian 2: _____

Equine Liability Waiver

I understand that participation in the Summit County 4-H activities will involve contact with untrained horses and may give rise to a risk of physical injury.

I have had prior experience with horses and I am aware that:

- A. Horses have propensity to behave in ways which may result in injury, death, or loss to rider or other persons in the immediate vicinity.
- B. Horses may react in an unpredictable way to sounds, sudden movements, 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, 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 other participants or me.
- F. Other participants in the program may act in a negligent manner which otherwise may result in harm to me.

I agree to observe all safety procedures set forth by the Summit County 4-H Horse Program and I will wear safety headgear when required and appropriate footwear and apparel when I am participating in 4-H Horse Activities.

In consideration for the opportunity to participate in Summit County 4-H Horse Activities and the use of services and facilities made available by the Summit County 4-H Activities, I do release and forever discharge for myself and my heirs, executors, administrators, and The Summit County 4-H Saddle Horse Association, The Summit County Fair, The Summit County Agricultural Society, Advisors or Parents from any responsibilities for any injuries sustained to the Participants or Animals.

Parent/ Guardian Signature

Date

Participant Signature

Date

Inoculation Verification Form

Rhinopneumonitis _____

Date: _____

Influenza _____

Date: _____

Eastern/Western _____

Date: _____

Tetanus _____

Date: _____

West Nile * _____

Date: _____

Rabies * _____

Date: _____

Strangles * _____

Date: _____

Potomac Horse Fever * _____

Date: _____

- Asterisked (*) Vaccines are not mandatory but recommended

Veterinarian Signature / Persons Administering Shots:

Please Attach ALL RECEIPTS FOR SHOTS GIVEN BY SOMEONE OTHER THAN A VETERINARIAN.

If the vet is giving the shots, all that is needed is the print out statement from the vet's office showing the date of the shot(s) and the shot(s) given. It is not required to have the vet sign the inoculation verification form, if a copy of the printout is attached. If someone other than a vet is giving the shot(s), then a copy of the receipt from where the

shot(s) was bought.

Summit County 4-H Saddle Horse Association

Statement of Responsibility

Child's Name: _____

Club: _____ Date: _____

Is child camping at the Fairgrounds? Yes No

If yes, whom is the child staying with? _____

Is Parent/Guardian camping at the Fairgrounds?

Yes

While at the 2010 Summit County Fair, I will see that my Child adhere to all the Rules of the Summit County 4-H Saddle Horse Association, Summit County 4-H, and the Summit County Fair Board.

Parent / Guardian Signature

Parent/Guardian name printed

Parent/ Guardian Day phone

Parent/guardian Night phone

No

Since I am not able to camp at the 2010 Summit County Fair, _____ of

(Printed of person accepting responsibility for your child)

4-H Club will have the responsibility of seeing that my child adheres to all of the Summit County 4-H Saddle Horse Association, Summit County 4-H and Summit County Fair Board. If necessary, I can be reached at the following numbers:

Day: _____

Night: _____

Signature of person accepting responsibility for your child

Parent / Guardian Signature

Parent/Guardian name printed

Parent/ Guardian Day phone

Parent/guardian Night phone

College of Food, Agricultural, and Environmental Sciences
Ohio State University Extension
Ohio Agricultural Research and Development Center



Minor
Photo
Release

Form

I give The Ohio State University 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.

MINOR'S NAME

YOUR NAME (Parent or Guardian, Please print)

YOUR SIGNATURE

DATE

General Guidelines: It is recommended that a release be obtained when photographing or videotaping a minor (under 18). Parent or guardian signatures are required; signatures of minors are not sufficient. When images are published, the University will take cautionary steps to provide minimum identifying information and will not use specific street or mailing addresses, e-mail addresses, or phone numbers. Signed release forms are not needed when subjects are in public places, such as fairgrounds or parks. Photographs or videotaping in private or public schools or youth camps must be done only with school or camp permission and with signed release forms from a parent or guardian of each child. Release forms should be included in school or camp registration materials. It is the responsibility of the photographer or videographer to obtain signed release forms and maintain records. If you have questions, please contact the Section of Communications and Technology, 614-2922011.

Request to leave for State Fair 2011

State Fair Participant Information:

Name: _____ Phone: _____

Club: _____ Horse's Name: _____

Horse Stalled in Barn: 6 10

Organizational Advisor Information:

Name: _____ Phone: _____

Dates Requested for:

Leaving: _____ am or pm Returning: _____ am or pm

Saddle Horse President Signature: _____

Fair Board Authorized Signature: _____

Barn Superintendent Informed: Yes No

Must have release to leave the fairgrounds with your horse.

