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):	
Project. I agree that I will abide by all Extension S	bove listed Montana State University Extension Service 4-H Horse Service 4-H rules and regulations. I further agree that I will abide by all fied in the project manual, safety guidelines manual, and/or specified by
Participant Signature:	Date:
requirements specified in the project manual, said described Montana State University Extension Sewhich are involved, consent to my/our child's pairules, regulations and directions specified by the activity and there are many serious risks of injury Program. Animals can be unpredictable and may activities. I/we also understand the stated risks a	med child, I/we agree to have my/our child abide by directions and fety guidelines manual and assessment criteria provided for the above ervice 4-H Horse Project. I/we understand the program and activities rticipation, and agree to have my/our child abide by all the applicable course leader(s). I/we are fully aware that this can be a dangerous inherent with handling of animals and participation in the 4-H Horse react to sudden movement, unfamiliar surroundings or persons or other re increased without my/our child's use of a helmet whenever he/she is that some travel may be required and are aware of the risks associated
-	University and MSU Extension 4-H does not provide accident/medical ing in 4-H Horse Projects. I/we hereby assume all responsibility for any participating in this program.
n consideration of my/our child being permitted associated with participation and necessary trave	to participate in the 4-H Horse Project, I/we hereby assume all the risks el.
/we have carefully read the foregoing permission	n 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



4-H Horse Helmet Policy & Acknowledgement of Education



4-H YEAR from: to:	County:
Participant Name:	Birth Date: MM/DD/YYYY
	ersity Extension: 4-H Horse Helmet Policy rness fastened in place is required in over fence classes and gymkhana
not use livestock. Events that usually fall in t keyhole races, stake races, rescue races, pon	nkhana refers to horseback speed events (timed or un-timed) that do this category include, but are not limited to: barrel racing, pole bending, y express race, etc. Events that are not intended to be included in this oping, goat tying, and team penning that may be timed but use
	uired to attend a helmet education workshop and/or view the video member (9-13) and once as a senior 4-H member (14 and up).
such standards and is in good condition. The	ian of the 4-H member to see that the headgear worn complies with Montana 4-H Center for Youth Development encourages the use of in all equine events. Protective headgear may be used in all classes and
Helmet use is encouraged in all 4-H horse act establish more stringent policies regarding he	tivities any time a 4-H member is around a horse. Counties may elmet use.
I have read, understand, and agreed to adhe participate in the Montana 4-H Horse Projec	ere to the above Montana 4-H Horse Helmet Policy in order to ct.
Participant Signature:	Date:
S	signatures are required yearly
Montan	a State University Extension:
4-H Acknowledgem	ent of Receiving Horse Helmet Education
acknowledge that helmet education is requir	orkshop and/or viewed the video "Every Time, Every Ride". I red twice during my 4-H membership - first in my junior years, 4-H age 4 and up, unless I joined 4-H as a senior member whereas I need only
Participant Signature:	Date of Education:
Printed Name of Parent or Legal Guardian:	
	Date:

signatures are required yearly

MONTANA EXTENSION