

**Chautauqua County  
Horse Project  
Registration Form  
2016-2017**

Member Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Parents Name(s): \_\_\_\_\_

Club: \_\_\_\_\_

*You must be enrolled with the 4-H Office for the current year. This means you must fill out an enrollment form or re-enrollment form.*

**4-H Horse Project Parent & Child Responsibility Statement**

I understand that it is the responsibility of myself and my child to read the 4-H Horse Program Booklet which is updated and provided from the 4-H Office on an annual basis. I further understand that the 4-H Horse Advisory Committee, Horse Club Leader and 4-H Program Leaders are available to answer any questions and to guide the 4-H member and family to a successful completion of this project, and we understand that as parents or guardian, my participation is important to my child's success.

We agree to abide by the 4-H Horse Program rules as set forth by New York State and the Chautauqua County 4-H Horse Advisory Committee and the Chautauqua County 4-H Codes of Conduct.

Cornell Cooperative Extension of Chautauqua County, its officers, directors, employees, and volunteers disclaim any responsibility for any injury to or loss of any animal regardless of cause of said injury or loss. Participants shall be solely responsible for any injury or damage to livestock and release and waive any right of recovery from association, its officers, directors, employees and all volunteers for any injury or loss of any animal.

Parent/Guardian Signature: \_\_\_\_\_

Member Signature: \_\_\_\_\_

Leader Signature: \_\_\_\_\_

**Registration Form must be turned into the 4-H Office no later than:  
November 14, 2016**

**Acknowledgement of Risk Form – 4-H Member/Equine Member**

**This form must be completed to participate in 4-H Equine clubs and related activities.**

*This form may be completed during 4-H enrollment for the full program year for 4-H equine activities and events designated below at the club, county, multiple county, regional, state and national level.*

I hereby apply for my child to participate in the 4-H club and/or activity indicated below to be conducted by the designated Cornell Cooperative Extension Association and acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in my child’s participation in the 4-H club and activities and my child’s participation in said 4-H club and all its activities and use of any equipment related to such activities may result in injury, illness or death and damage to personal property. I understand other participants, accidents, forces of nature or other causes may cause these risk and dangers and I hereby accept these risk and dangers.

My child is in good health and is at or above the minimum age of **8 for regular 4-H Equine club members** required to participate in this activity and is able to participate in any strenuous physical activity associated therewith.

**Cornell Cooperative Extension of Chautauqua County**

**DATE(S):** 4-H Program Year: October 1, 2016 – September 30, 2017

**4-H CLUB EQUINE ACTIVITY:**

- Participating in an equine club**
- Working with equines beyond club level including clinics, camps, shows**
- Working with equines in mounted “over fences” activities. I (the parent or legal guardian) am aware that my child will be participating in 4-H Horse Program mounted “over fences” activities at Cornell University Cooperative Extension county, multiple county, regional, or state sponsored events. I give my child permission to participate. Mounted “over fences” classes in the NYS 4-H Horse Program could include ground rail, cross rail, and/or other over fences classes and obstacles (this does include trail class). The obstacles will be no higher than 3 foot in any of the 4-H activities.**
- All of the above**

**I have read the above and by signing it I agree it is my intention to have my child participate in the indicated activity and I understand and accept the risks involved.**

This shall be binding on my heirs, successors, assigns, administrators and executors. Any claims or disputes arising out of my child’s participation in the activity shall be venued in the Supreme Court of the State of New York of the County where the County Extension office is located.

I am at least twenty-one (21) years of age and I am the legal parent/guardian authorized to sign this document on behalf of the child named herein.

PARTICIPANT’S NAME (print) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PARENT GUARDIAN NAME(print): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

This form must be kept on file until participant reaches age 21.