

**Blue Ribbon Riders and Mountain View Wranglers
Competitive Trail Ride Clinic --- July 5, 2008**

Rules and Regulations:

Objective for this clinic is to help those interested in competing in the PA State ride in September.

- The ride is open to all 4-H members and non-members. **Youth riders must be 8 years old and not more than 18 as of January 1, 2008.** It will be following 4H CTR rules. Please refer to the 4-H Competitive Trail Riding Reference Book.
- An Adult Division for 4H screened adults is also included pending availability of ride spaces.
- 20 riders will be accepted at this clinic. **Registration is on a first come basis. You will be notified by email when your registration has been received so be sure to include your email address on the application. Parking will be limited to 10 trailers, so it will be important for folks to "trailer pool" as much as possible.**
- All equines must be 4 years of age or older. Only mares and geldings are permitted. Nursing mares, horses that are not serviceably sound and animals that have been nerved are ineligible.
- A participant may use any member of the equine family for this clinic.
- All horses and ponies (including "sweep rider mounts") **must submit proof of negative EIA status** (any federal or Pennsylvania state recognized test results for EIA will be accepted) within one year of this clinic. The negative test report must be sent with your registration and accompany the horse.
- All horses/ ponies at 4-H and open horse shows/ events sponsored by 4-H must be inoculated for rabies at least 30 days prior to the event if this is the animal's initial inoculation. Re-vaccination is required annually. Vaccinations are required for all horses six months of age. Verification is required from the vet. **THEREFORE THE RABIES CERTIFICATE MUST BE SIGNED BY THE VET.**
- It is strongly recommended that all horses be shod and wear breast collars. A farrier will **NOT** be available at the clinic. Terrain is hilly with some rocky areas. Riders may want to consider bringing an "Easy-boot" in case of loss of a shoe.
- Positively no drugs, medicines or stimulants may be administered by injection or ingestion before and during the ride/clinic. If any traces of drugs are found in any animal, that animal will be disqualified. External medication may be used but only with the clinic veterinary judge's knowledge and permission. Any animal showing any evidence of contagious disease is ineligible to compete and will be asked to promptly leave the ride grounds.
- Any medication done by the veterinary judge will be at the rider's expense.
- Use of blankets, grooming tools and sponging is permitted but external medication, compresses, bandages, artificially heated or cooled water, and hosing are forbidden.
- The judges have the authority to withdraw any horse at the pre-ride/clinic check or if the animals health becomes endangered during the ride. This is to protect both the horse and rider. All riders in sight of a **vet check station** must proceed forward.
- Riders must remain in the saddle while horse is moving over the course. Dismounting and resting of horse and rider is permitted providing they do not advance forward.
- When competitor is in sight of the finish line, rider and mount may not stop and must continue forward.
- Riders who leave the trail intentionally or otherwise must return to that same point to continue the ride.
- Mileage markers will be placed every 5 miles and every mile for the last 5 miles to assist in timing.

- **No smoking or littering allowed on the trail.**
- Removal of the trail markers is also prohibited. Violation of these rules will result in disqualification.
- At the 20-minute mid point check station the in time will be recorded and in 10 minutes the rider and mount will be called for a P&R check.
- **THE JUDGES' DECISIONS ARE FINAL.**
- Protective headgear must be worn by all riders when mounted. See Rule Below. Riders must wear boots or shoes that have a definite heel as viewed from the side while riding.
- No pets of any kind will be permitted on the ride grounds. **NO DOGS - PLEASE.**
- Riders are responsible for knowledge of all rules involved with the ride.
- All individuals must be 8-18 years old as of January 1st to participate. Volunteers do not have liability coverage when youth under age eight (youth who have not had their eighth birthday) are participating in 4-H or open shows or events riding on horses or ponies.
- By participating/ entering in this clinic you agree to abide by the 4-H Behavioral Expectations & 4-H Code of Conduct for both youth and adults. Behavioral Expectations will be posted at the secretary's stand and the 4-H Code of Conduct must be signed to participate.
- **RISK FORMS:** all participants in this clinic will be required to sign an Acknowledgement of Risk form that is included in the registration packet. All registration forms must be received completed no later than June 21, 2008.

HELMET REQUIREMENTS:

In all 4-H sponsored horse shows/ activities, all exhibitors 18 years of age or younger, including all 4-H exhibitors regardless of age, are required to wear properly fastened protective headgear which meets or exceeds current ASTM (American Society for Testing Materials)/SEI (Safety Equipment Institute) standards for equestrian use and carries the SEI tag. Headgear must be properly fitted with harness secured and is required while riding or driving anywhere on the event grounds. Headgear may not be modified in any manner, other than to adjust fit with pads supplied by the manufacturer. Helmet covers may be used provided they can be removed for inspection of the helmet if necessary. **At this event all riders are required to wear protective headgear.**

The Pennsylvania 4-H Horse Program Development Committee, Pennsylvania State 4-H Horse Show Committee, and the Pennsylvania State University make no representation or warranty, express or implied, regarding any protective headgear, and caution exhibitors and their respective parents or guardians that death or serious injury may result despite wearing such headgear, as all equestrian sports involve inherent dangerous risk and as no helmet can protect against all foreseeable injuries.

Please see the 2008 Pennsylvania Horse Show Rule Book for complete rule.

COMPETITIVE TRAIL RIDE CLINIC FINAL EXAM AND SCORING SYSTEM

The scoring system is based on both a subjective and objective basis by veterinary and lay judges. Each judge should conduct the same exams both pre- and post-ride. Specific factors are evaluated for each horse during the pre-ride exam and again upon completion of the ride at the final exam. Each horse starts with 100 points. Points are deducted at the final examination for *changes*, which signify stress or loss of condition as defined in the scoring system. The number of points deducted for a given change will be at the discretion of the judges, but will be uniform from horse to horse for the same degree of change, except as noted below for pulse and respiration.

Pulse: Base pulse 44. 1 point deducted for each 4 beats above base value. No points deducted if recovery is 44 or below.

Respiration: Base respiration 24. 1 point deducted for each 8 breaths above base value. No points deducted if recovery is 24 or below.

Final pulse and respiration (P&R) rates will be taken by teams 20 minutes after horses cross the finish line. All P&R values are to be obtained for a period of at least 30 seconds.

The final examination by the judges will be done in order of finish and should be conducted exactly as the pre-ride exam. The final examinations will begin at the completion of the P&R, or as soon as possible. The final examination will be identical to the pre-ride examination and includes the following:

Tack Area: The tack area is examined closely and points are deducted for an increase in the severity of pre-existing tenderness or lesions, and/or appearance of new lesions or tenderness. Comments and deductions will be consistent from horse to horse.

Legs: The legs are examined closely and points are deducted for any physical evidence of trauma or stress on the legs that appeared or worsened during the ride. Comments and deductions will be consistent from horse to horse.

Lameness: Horses are trotted for lameness and deductions are made according to the table on the score sheet. Final and pre-ride examinations of lameness are compared and points deducted for new or increased lameness. An average of the judges' score will be made if both judges score on lameness.

Mechanical Fatigue: Mechanical fatigue is scored at the same time the horse is being trotted for lameness. Comparisons of the horse's animation, impulsion, willingness and coordination with the pre-ride examination will be made. Deductions are made according to the table on the score sheet. An average of the judges' score will be made if both judges score on mechanical fatigue.

Metabolic Fatigue: Metabolic fatigue is usually scored by the veterinary judge and includes comparisons of metabolic functions, as determined by skin pinch, capillary refill time, gum color, gum moisture, gut sounds and anal tone. Deductions are made according to the table on the score sheet.

Behavior: Horses should behave reasonably during examinations, but the judge may tolerate some degree of nervousness and uncertainty. However, dangerous horses, such as rearers, kickers, biters and strikers will be severely penalized or may be eliminated from the ride/clinic. Behavior is judged throughout the ride/clinic and during examinations.

The Blue Ribbon Riders and Mountain View Wranglers 2008 Competitive Trail Ride Clinic

Ride Facts and Check In Sheet:

- Arrive no earlier than 5:30 AM on Saturday July 5, 2008
 - Initial Veterinary checks will be held beginning 8AM July 5, 2008. Please include approximate arrival time on entry forms. **These times are subject to change according to horse numbers and availability of ride judges.**
- The clinic ride will begin following the vet-in and ride briefing on Saturday, July 5, 2008 (estimated 9AM)
- Ride headquarters and midpoint will be at the Conashaugh parking lot.
- Ride numbers are assigned according to chronological order from date received.
- Check with ride management to see where to park and do not park too close to another unit (for safety).
- Go to ride headquarters and pick up packet of information and ride number.
- Take horse to Veterinary check in area. Attach ride number to your back and wear it at all times.
- Ride briefing will begin directly after all horses finish the pre-vet examination.
- Do not ride your horse through camp. Keep your camp site clean and remember you are guests of the State Forest so do not litter. Leave the ride area parking area cleaner than when you arrived.

COMPETITIVE TRAIL RIDE DIVISIONS:

Junior Rider - 4-H members who are 8 and have not reached his/her 14th birthday by January 1st of the current year.

Senior Rider - 4-H members who are 14 years or older and have not passed his/her 19th birthday by January 1 of the current year.

Adult Division – Screened adults will be accepted in the ride pending available space. The riders are included for safety and supervision along the trail and participate as a judged division. Adults must be sponsored by a youth participant who is entered and accepted in the ride.

- ✓ Division A - (14.2 Hands and under), Junior Riders*
- ✓ Division B - (14.2 Hands and under), Senior Riders*
- ✓ Division C - (Over 14.2 Hands), Junior Riders
- ✓ Division D - (Over 14.2 Hands), Senior Riders
- ✓ Division E - Leaders/Adults lightweight, 165 pounds & under**
- ✓ Division F - Leaders/Adults, Heavyweight, over 165 pounds**

*PA 4-H Height Certificate suggested for clinic and will be required in these divisions for the State Ride

**Includes the weight of the rider, saddle & pads.

Pony Ride Time: **approximately** 2:20 to 2:50 hours;

Adult Division / Horse Ride Time: **approximately** 2:00 to 2:30 hours.

Ride distance = 11 miles (One point deducted per minute over or under). Riders in excess of 30 minutes over or under will be disqualified. (Exact mileage and times of ride will be announced at pre-ride meeting).

Awards: Placing 1-6 ribbons in each division. Special award for overall high point based on rider and mount that has the best score for the ride in each division. Participation award for all non-placing riders that complete the ride.

YOUTH ENTRY FORM
Blue Ribbon Riders & Mountain View Wranglers --- 2008 4-H Competitive Trail Ride Clinic

Name _____ Email _____
 Address _____
 Town _____ State _____ Zip _____
 County _____ Phone (____) _____
 Age _____ (as of Jan. 1 current year) Name of Horse _____
 Age of Horse _____ Breed or Ancestry of Horse _____

Check One:	Division Entered: (check one)	Attached:
_____ Mare	Pony Division A(Jr.)* _____	Neg coggins _____
_____ Gelding	Pony Division B(Sr.)* _____	Signed Rabies _____
	Horse Division C(Jr.) _____	Vaccination _____
	Horse Division D(Sr.) _____	

*The pony should be under 14.2HH. PA 4-H Height Certificate is suggested for this clinic and is required at the PA state 4H ride in September.

#Horses in trailer _____ Who are you traveling with? _____

Who would you like to ride with? _____
This will be accommodated as long as it makes sense with the division in which the riders will be riding.

I will arrive at the Headquarters at _____ o'clock on Saturday 5, 2008.

Signature of Participant _____ DATE _____

Signature of Parent or Guardian _____

Send entry information with a **\$20.00 registration fee** (make check payable to: *Blue Ribbon Riders*) to:

Blue Ribbon Riders
 c/o Holly Corcoran
 RR#3 Box 2477
 Effort, PA 18330

Include the following paperwork with your entry form (entry forms without required paperwork will not be processed).

- Current (within 12 months) negative EIA Test Results
- Signed Verification (by a licensed veterinarian) of Rabies Vaccination of the Horse
- Signed Acknowledgement of Risk Form
- Medical Information Form (**confidential**)

ENTRIES MUST BE RECEIVED BY JUNE 21, 2008 – No Fax Entries

Date Received - Official use only ____/____/____

ADULT DIVISION ENTRY FORM

Blue Ribbon Riders & Mountain View Wranglers --- 2008 4-H Competitive Trail Ride Clinic

For an adult to enter he/she must have a qualifying participant under 18 years old entered in the ride.

Name of Participant <18 yrs old: _____

Name of Adult Rider: _____ Email: _____

Address _____

Town _____ State _____ Zip _____

Name of Horse _____ Age of Horse _____

County _____ Breed or Ancestry of Horse _____

Check one: **Mare** _____ **Gelding** _____ **HORSE:** _____ **PONY:** _____

#Horses in trailer _____ Who are you traveling with? _____

Who would you like to ride with? _____

(This will be accommodated as long as it makes sense with the division in which the riders will be riding)

Division Entered (circle one): Lightweight Division E or Heavyweight Division F

I also certify that I the above adult have properly conditioned the horse or pony I am using on this 11 mile clinic ride. I certify that I the above mentioned Adult will wear protective headgear that is properly fitted and in good safe condition at all times when riding.

ADULT SIGNATURE: _____ DATE: _____

Send entry information with a **\$20.00 registration fee** (make check payable to: *Blue Ribbon Riders*) to:

Blue Ribbon Riders
c/o Holly Corcoran
RR#3 Box 2477
Effort, PA 18330

Include the following paperwork with your entry form (entry forms without required paperwork will not be processed).

- Current (within 12 months) negative EIA Test Results
- Signed Verification (by a licensed veterinarian) of Rabies Vaccination of the Horse
- Signed Acknowledgement of Risk Form
- Medical Information Form (**confidential**)

ENTRIES MUST BE RECEIVED BY JUNE 21, 2008 – No Fax Entries
ALL RIDERS (ADULT & YOUTH & SWEEP) ARE REQUIRED TO WEAR PROTECTIVE HEADGEAR.

ADULT Release Form
Blue Ribbon Riders and Mountain View Wranglers
2008 4-H Competitive Trail Clinic
Screened Adult Participant (Clinic or Sweep)
Acknowledgement of Risk
(THIS FORM MUST BE COMPLETED BY ALL PARTICIPANTS 18 YEARS & OLDER)

I, _____, have chosen to participate in the Blue Ribbon Riders and Mountain View Wranglers 2008 4-H Competitive Trail Ride Clinic on July 5, 2008 at the Delaware Water Gap National Recreation Conashaugh Equestrian Trail. I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in the activities of the 4-H horse program. I also understand and acknowledge that my participation in these activities and the use of any equipment related to such activities may result in injury, illness, death and/or damage to personal property. I understand that the activities themselves, other participants, accidents, forces of nature or other factors may cause these risks and dangers and I, on my own behalf, hereby accept and assume these risks and dangers.

I am aware that:

- A. Horses have a tendency to behave in ways, which may result in injury, death, loss to riders, or other persons in the immediate vicinity;
- B. Horses may react in an unpredictable way to sounds, sudden movements, unfamiliar objects, persons, other animals, and any unexpected situations;
- C. Riding, driving, or handling a horse may give rise to a risk of injury from hazards arising from the surface or subsurface of the ground in which these activities occur;
- D. While in the vicinity of a horse while riding, driving, or handling 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.

I understand the need to behave in a safe manner. I will make sure that I wear appropriate clothing, headgear, and footwear during horse activities.

I am in good health and am able to participate in any strenuous physical activity associated therewith.

I understand that I am not required to participate in any horse activity. 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. I assume the risk for myself, and other family members and friends present at these horse activities.

I herewith release, forever discharge, and waive any right of recovery or subrogation against 4-H, its leaders and members, and Penn State Cooperative Extension, its officers, directors, and volunteers from any and all liability whatsoever for any illness or injury, including death or damage to or loss of my personal property that I may sustain while I am participating in this program. This document shall be binding on my heirs, successors, assigns, administrators, and executors. Any claims or disputes arising out of my participation in 4-H horse program activities shall first be submitted to arbitration and/or be venued in a Court of the State of Pennsylvania selected by the sponsoring 4-H club or clubs, the choice of which shall be at their sole discretion.

Name (print): _____ Signed: _____ Date: _____

Date of Birth (print): _____

Address: _____

I am volunteering to be a sweep rider _____

Parent Release Form
Blue Ribbon Riders and Mountain View Wranglers
2008 4-H Competitive Trail Ride Clinic
PENNSYLVANIA 4-H HORSE PROGRAM MEMBER
ACKNOWLEDGEMENT OF RISK

I, _____, have chosen to allow my child _____ to participate in the Blue Ribbon Riders and Mountain View Wranglers 2008 4-H Competitive Trail Ride Clinic on July 5, 2008 at the Delaware Water Gap National Recreation Conashaugh Equestrian Trail. I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in the activities of the 4-H horse program. I also understand and acknowledge that my child's participation in these activities and the use of any equipment related to such activities may result in injury, illness, death and/or damage to personal property. I understand that the activities themselves, other participants, accidents, forces of nature or other factors may cause these risks and dangers and I, on my own behalf and on behalf of my child, hereby accept and assume these risks and dangers.

I and my child are aware that:

- A. Horses have a tendency to behave in ways, which may result in injury, death, loss to riders, or other persons in the immediate vicinity;
- B. Horses may react in an unpredictable way to sounds, sudden movements, unfamiliar objects, persons, other animals, and any unexpected situations;
- C. Riding, driving, or handling a horse may give rise to a risk of injury from hazards arising from the surface or subsurface of the ground in which these activities occur;
- D. While in the vicinity of a horse while riding, driving, or handling 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 a 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, headgear, and footwear during horse activities.

My child is in good health and is at or above the minimum age of eight (8) required to participate in this activity and is able to participate in any strenuous physical activity associated therewith.

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 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.

This document shall be binding on my heirs, successors, assigns, administrators, and executors. Any claims or disputes arising out of my child's participation in 4-H horse program activities shall first be submitted to arbitration and/or be venued in a Court of the State of Pennsylvania selected by the sponsoring 4-H club or clubs, the choice of which shall be at their sole discretion.

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.

Parent/Guardian Name (print): _____ Signed: _____ Date: _____

4-H Member (print): _____ Signed: _____ Date: _____

This form needs to be signed and kept on file for each youth participant in any 4-H Horse program activity for 14 years if the youngest participant is 8. The form needs to be signed each year and before a youth participates in Pennsylvania 4-H Horse Program activities.

**Parent Release Form
Blue Ribbon Riders and Mountain View Wranglers
2008 4-H Competitive Trail Ride Clinic**

Non-4-H Youth Participant

Acknowledgement of Risk

(THIS FORM MUST BE COMPLETED FOR YOUTHS UNDER 18 THAT ARE NOT CURRENTLY ENROLLED IN PA 4-H
AND WISH TO PARTICIPATE IN THE HORSE SHOW)

I, _____, have chosen to allow my child _____ to participate in the Blue Ribbon Riders and Mountain View Wranglers 2008 4-H Competitive Trail Ride Clinic on July 5, 2008 at the Delaware Water Gap National Recreation Conashaugh Equestrian Trail. I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in the activities of the 4-H horse program. I also understand and acknowledge that my child's participation in these activities and the use of any equipment related to such activities may result in injury, illness, death and/or damage to personal property. I understand that the activities themselves, other participants, accidents, forces of nature or other factors may cause these risks and dangers and I, on my own behalf and on behalf of my child, hereby accept and assume these risks and dangers.

I and my child are aware that:

- A. Horses have a tendency to behave in ways, which may result in injury, death, loss to riders, or other persons in the immediate vicinity;
- B. Horses may react in an unpredictable way to sounds, sudden movements, unfamiliar objects, persons, other animals, and any unexpected situations;
- C. Riding, driving, or handling a horse may give rise to a risk of injury from hazards arising from the surface or subsurface of the ground in which these activities occur;
- D. While in the vicinity of a horse while riding, driving, or handling 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 a 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, headgear, and footwear during horse activities. My child is in good health and is at or above the minimum age of eight (8) required to participate in this activity and is able to participate in any strenuous physical activity associated therewith.

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 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.

This document shall be binding on my heirs, successors, assigns, administrators, and executors. Any claims or disputes arising out of my child's participation in 4-H horse program activities shall first be submitted to arbitration and/or be venued in a Court of the State of Pennsylvania selected by the sponsoring 4-H club or clubs, the choice of which shall be at their sole discretion.

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.

Parent/Guardian Name (print): _____ Signed: _____ Date: _____

(This form needs to be signed and kept on file for each youth participant in any 4-H Horse program activity for 14 years if the youngest participant is 8. The form needs to be signed each horse event in which a non-4-H member participates.)