

# Adult Participant in 4-H Horse Show

## Acknowledgement of Risk

(THIS FORM MUST BE COMPLETED BY ALL PARTICIPANTS OR ATTENDANTS 18 YEARS & OLDER)

I, \_\_\_\_\_, have chosen to participate in the Pennsylvania 4-H horse show described below. I fully understand and acknowledge that there are inherent risks and dangers in my 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.

NAME OF 4-H SHOW \_\_\_\_\_

LOCATION OF SHOW \_\_\_\_\_ DATE \_\_\_\_\_

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: \_\_\_\_\_

WITNESS: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

(MUST BE EXTENSION EMPLOYEE OR 4-H REGISTERED VOLUNTEER)

This form must be kept in Extension files for seven (7) years from date of show