

**Horse Member Election to Not Wear Helmet
Release and Assumption of Risk**

(Montana State University Extension 4-H permission, release & assumption of risk for participation in the Judith Basin County 4-H Horse program while riding without a helmet)

Participant Name _____

Date of birth _____

Club _____ 4-H year _____

For Participant: I hereby request that I be allowed to participate in the horse program while not wearing a helmet. I and/or my parent(s)/legal guardian(s) object to the 4-H requirement to wear a helmet in order to participate in the Montana State University Extension Service 4-H Horse program. I agree that I will abide by all other Extension Service 4-H rules and regulations. I further agree that I will abide by all the directions and requirements that are specified in the project manual, and/or specified by the 4-H leader(s).

Participant Signature _____ Date _____

For Parent(s) and Legal Guardian(s): As parents(s) and legal guardian(s) of the above named child, I/we agree to have my/our child abide by the directions and requirements specified in the project manual(s) provided for the Montana State University Extension Service 4-H Program. I/we understand the program and activities that are involved and consent to have my/our child participate in this program without wearing a helmet. I/we are fully aware that there can be dangerous activities and there are many risks inherent with, but not limited to, the handling of horses, and participation in 4-H activities. These risks are increased with the absence of a helmet. I/we further understand that a helmet is available for every 4-H Horse program participant at a reduced or no cost to the family.

I/we understand and agree that the Montana State University and MSU Extension 4-H provide limited accident/medical insurance covering my/our child while participating in group 4-H activities, if election is made to purchase insurance upon enrollment.

In consideration of my/our child being permitted to participate in the 4-H program without being required to wear a helmet, I/we hereby assume all the risks associated with participation and necessary travel. I/we agree to hold The State of Montana, Montana State University Extension 4-H, its trustees, officers, employees, agents, representatives, volunteers and/or any property or arena owner allowing Extension 4-H program activities upon his/her property harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise in connection with my/our child's participation in the MSU Extension 4-H program. The terms hereof shall serve as a release and assumption of risk for myself/ourselves, my/our estate, executor(s), administrators(s), assignees, and for all members of my/our family.

I/we hereby attest that I/we have carefully read the foregoing release, consent, and assumption of risk & sign this release, consent and assumption of risk of my/our own free will and accord. I/we also certify that I/we are lawfully empowered to enter into this release, consent and assumption of risk.

Name of parent/legal guardian: _____ (please print)

Signature _____ Date _____

Name of parent/legal guardian: _____ (please print)

Signature _____ Date _____