

**Montana State University Extension 4-H  
Permission, Release and Assumption of Risk  
for Participation in 4-H Horse Projects**

(Please print or type)

County \_\_\_\_\_ Date of Project: from: \_\_\_\_\_ to: \_\_\_\_\_

Project Name or Description: \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

**FOR PARTICIPANT**

I hereby request and apply to participate in the above listed Montana State University Extension Service 4-H Horse Project. I agree that I will abide by all Extension Service 4-H rules and regulations. I further agree that I will abide by all the directions and requirements which are specified in the project manual, safety guidelines manual, and/or specified by the course leader(s).

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR PARENT(S) OR LEGAL GUARDIAN(S)**

As parent(s) or legal guardian(s) of the above named child, I/we agree to have my/our child abide by directions and requirements specified in the project manual, safety guidelines manual and assessment criteria provided for the above described Montana State University Extension Service 4-H Horse Project. I/we understand the program and activities which are involved, consent to my/our child's participation, and agree to have my/our child abide by all the applicable rules, regulations and directions specified by the course leader(s). I/we are fully aware that this can be a dangerous activity and there are many serious risks of injury inherent to participation in 4-H Horse Projects and related travel. I/we understand that the dangers and risks of participating in this 4-H Horse Project may result not only in serious injury, but in a serious impairment to my child's future abilities to earn a living, engage in business, social, or other recreational activities and to generally enjoy life.

I/we understand and agree that Montana State University and MSU Extension 4-H does not provide accident/medical insurance covering my/our child while participating in 4-H Horse Projects. I/we hereby assume all responsibility for any injury or illness my/our child might sustain while participating in this program.

In consideration of my/our child's being permitted to participate in the 4-H Horse Project, 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 Service 4-H Horse Project activities upon his/her property harmless from any and all liability, actions, causes of actions, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my/our child's participation in the MSU Extension 4-H Horse Project. The terms hereof shall serve as a release and assumption of risk for myself/ourselves, my/our estate, executor(s), administrator(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 and 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.

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_