



## 4-H Horsemanship School Statement of Risk



Rider's Name: \_\_\_\_\_ County: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Email: \_\_\_\_\_

In consideration of \_\_\_\_\_, having been accepted by  
*(Name of 4-H Member)*

the Cooperative Extension Service to attend a 4-H activity, I hereby hold harmless and release the host facility, Florida 4-H Club Foundation, Florida Cooperative Extension Service, its employees and the volunteer 4-H leader(s) from any financial responsibility for any and all injuries, including death. I also give my permission for him/her to be treated in case of medical emergency while attending a 4-H event. To insure prompt attention in case of serious sickness or accident, I hereby authorize the person responsible to incur expense considered necessary and I agree to pay for same, if this is not covered by an accident and sickness insurance policy.

The Florida 4-H Programs and IFAS provide knowledgeable staff who are concerned with the 4-H'ers safety and well being. I know and understand horses can be unpredictable, especially when frightened, injured or exposed to something new and they can rear, kick, throw, bite, and cause other injuries. I understand the necessity for safety practices and rules to do everything reasonable to prevent injury to the child or horse and that insurance is available to me to cover reasonable costs of injury. I understand that in spite of all that is done to provide for well-being, there is always a certain risk involved in participation. **I UNDERSTAND THAT UNDER FLORIDA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO, OR THE DEATH OF, A PARTICIPANT IN EQUINE ACTIVITIES RESULTING FROM THE INHERENT RISKS OF EQUINE ACTIVITIES.**

I further agree to assume responsibility for damage or injury to the child, horse or equipment or that caused by the child or horse while participating in the Program. I, also, give consent for my son or daughter to be under the disciplinary control of the official chaperone(s) designated by Florida Cooperative Extension Service and have read and agree to the 4-H Code of Conduct. I have read the above and understand the risks involved.

SIGNED: \_\_\_\_\_  
Parent/Guardian Date

SIGNED: \_\_\_\_\_  
Participant Date