



Horse Project Statement of Risk for 2009-2010

Rider's Name: _____ County: _____
 Birthdate: ____/____/____ 4-H Member _____ Non 4-H Member _____
 Parent's Name: _____ Tel: _____
 Email: _____
 Address _____ City: _____ Zip _____

The participant is requested to carefully read and sign this form. The participant's signature is a prerequisite to his/her participation in County and Area "B" 4-H Horse Shows and all 4-H equine activities. As part of the IFAS (Institute of Food & Agricultural Sciences) horse program, Alachua County and the Area "B" Horse Shows and other 4-H equine activities are being offered. The inclusive dates for participation per this agreement are September 1, 2008 through August 31, 2009.

I, _____, have read the following and understand the risks involved. The Florida 4-H Programs and IFAS provide knowledgeable staff who are concerned with my well-being and safety. I know and understand that horses can be unpredictable, especially when frightened, injured or exposed to something new, and that they can kick, rear, throw, bite, and cause other injuries. I understand the necessity for safety practices and rules to do everything reasonable to prevent injury to me and my 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 my well-being that there is always a certain risk involved in my participation.

I further agree to assume responsibility for damage or injury to me, my horse or equipment, or caused by me or my horse while participating in the 4-H Program.

I understand that under Florida law, an equine activity sponsor or professional is not liable for an injury to, or death of, a participant in equine activities resulting from the inherent risks of equine activities.

I have read and I understand this Statement of Risk. I have read and understand the Alachua County 4-H Horse Project Rules for 2008-2009 and agree to abide by them. I understand this Statement and Project Rules are for all participants, whether 4-H members or non 4-H members. Both signatures required for minors.

Signed: _____ /_____/_____
 Participant Date Signed

Signed: _____ /_____/_____
 Signature of Parent or Guardian Date Signed

For persons requiring special accommodations, please contact the Extension Office at (352)955-2402 (voice) or TDD/TTY (352)955-2406 or at the Alachua County Extension Service, 2800 NE 39th Avenue, Gainesville, FL 32609. Please contact the Extension Office at least five working days prior to the program so that proper consideration may be given to the request. Upon request, this newsletter is available in alternate formats for persons with print-related disabilities. Funding for the duplication of this publication is provided in part by the Alachua County Board of County Commissioners.

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