

Save the Date

**SOUTHEAST VIRGINIA
4-H OPEN
HOOF BEATS by the BEACH 4-H
HORSE SHOW**



OFFICIAL SE DISTRICT 4-H QUALIFYING SHOW

Saturday, June 12, 2021

Rain Date will be June 19, 2021

Gates open: 9:00 am

Show starts: 10:00 am

Location: Kerkaken Acres

14086 Winterville Road

Bloxom, Virginia 23308

Cary Murray 434-783-9207 or by email cbearmurray@gmail.com

VCE COVID GUIDELINES WILL BE FOLLOWED: <https://ext.vt.edu/covid-19updates.html>

If you are a person with a disability and desire any assistive devices, services or other accommodations to participate in this activity, please contact Marcus Riley at 757-787-1361 during the business hours of 9 a. m. and 5 p. m. to discuss accommodations at least five days prior to the event.



Virginia Cooperative Extension

Virginia Tech • Virginia State University

www.ext.vt.edu



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**Southeast District
HOOF BEATS BY THE BEACH
Open Fun Show & 4-H Qualifying Show
Saturday, June 12, 2021**

Location:

**Kerkaken Acres
14086 Winterville Road
Bloxom, Virginia 23308**

All Classes are \$6 or \$50 for the day

(one horse, one rider)

- 1a. 4-H Showmanship *--required for all 4-H members*
- 1b. All Breed halter (for all ages ponies and horses)
- 2. Leadline for Beginner Riders
- 3. Walk for Beginner Riders
- 4. Walk-Trot-Jog for Beginner Riders
- 5. Walk-Trot-Jog for Beginner Horses (under 1 year of riding)
- 6a. Open Equitation Sr. (Riders 14-18)
- 6b. Open Equitation Adult (19+)
- 7. Open Equitation Jr. (Riders 9-13)
- 8. Open English Pleasure
- 9. Egg and Spoon
- 10. Open Pony Equitation
- 11. Chincoteague Pony Pleasure
- 12. Surprise Class-No horses needed, just a fun class
- 13. Open Western Pleasure
- 14. Barrel Race
- 15. Flag Race
- 16. Crawl thru the Barrel
- 17. Wheelbarrow Race (**horses ridden should have a halter on as well as a bridle for ease in leading horse back**)
- 18. Keyhole Race

Between 11a.m. and 1 p.m., in the Cross-Country Area, the following classes will be offered, listen for them to be called.

- 19. Jumper Class Round
- 20. Gamblers Choice
- 21. Trail Class (Qualifier for the 4-H State Trail Class)

We believe our classes are to be enjoyed, while having fun with your horse or pony. For all ages-beginner to experienced. We look at it as a way for families to spend time together. So bring your lawn chairs and come cheer for the riders as they compete! **Spend a Saturday having fun at the horse show!**

The show is planned and run by Hoof Beats by the Beach 4-H Club. **Not responsible for accidents or injuries.** All judges' decisions final. Please bring a copy of your coggins to the show. For more information and directions contact: **Cary Murray 434-783-9207 or by email cbearmurray@gmail.com.** Event postpones only in case of extreme weather. **Please, for safety reasons, No dogs at the show!** In case of inclement weather, **the show will be postponed until June 19, 2021** and we will notify you through Facebook.

See you at the Show!

RULES AND REGULATIONS

1. AGE REQUIREMENTS: All youth exhibitors must be ages 9-18. Leadline riders ages 5-8 may not be in sole control of their animal. No riders under age 5 allowed. Adults are ages 19 and older.
 - a) Junior exhibitors must be at least 9 years of age (or turn 9) and must not have reached his/her 14th birthday during this 4-H year - October 1, 2020 – September 30, 2021.
 - b) Senior exhibitors are those who turn 14 -18 years old between October 1, 2020 and September 30 of 2021. Senior eligibility terminates on December 31 of the year the member has his/her 19th birthday.
2. All 4-Hers wishing to qualify for the State 4-H horse show will need to participate in showmanship and a walk trot canter class to qualify
3. Entries: \$6.00 per class
4. No refunds will be made on scratches.
5. Awards will consist of: ribbons 1-6 to each class winner.
6. **No Admission Fee.**
7. VCE Covid Guidelines will be followed.
8. No Stallions.
9. Negative Coggins Test **required** (within one year for Virginia horses; within six months for all out-of-state horses).
10. No alcohol allowed on the grounds.
11. **Show Committee reserves the right to vary classes and overall management.**
12. The management reserves the right to remove anyone who exhibits unsafe behavior.
13. Sportsmanship and good conduct are required.
14. Horses that are known to kick should be marked by tying a red ribbon in the tail. No points will be deducted.
15. Exhibitors **do not** have to be enrolled in 4-H, however they must complete attached paperwork if not enrolled.
16. Exhibitors may be responsible for proof of age and the eligibility of their animal.
17. Exhibitors should provide for their own accident and health insurance.
18. Effective January 1, 2000, **protective ASTM approved headgear is required** for youth in all mounted equine activities sponsored by Cooperative Extension. It is highly recommended that adults participating in VCE sponsored equine activities wear protective headgear. **Headgear designed for other uses such as motorcycle, bicycle, skating, etc. is not acceptable.**

18. Disabled riders may be required to have at least one attendant. Due to the fact that levels of disability vary greatly, final decision on types of assistance (leaders & side walkers) needed by a disabled rider will be made by the Show Committee, judges, and parent/guardian of the rider. **Ultimate responsibility for the safety of all riders is assumed by the parent or guardian.**
19. Judge's decision is final.
20. Appropriate tack and attire is recommended. **Boots are required.**
21. Safety precautions must be observed.
22. Youth must be supervised by an adult. The show staff is not responsible for chaperoning.
23. Ponies are 14.2 hands and under.
24. Exhibitors are expected to comply with current humane and drug regulations.
25. The show staff, committees, and facility staff are not responsible for injury or loss to anyone involved or attending.
26. Stalls are available. Please contact: **Cary Murray 434-783-9207** for more information.
27. The Show is not responsible for lodging and meals.
28. Do not tie horses to trees, shrubs, rings or fences.
29. The show reserves the right to refuse, decline and/or return entry or to ask any person(s) to leave the grounds.
30. **NO PETS ARE ALLOWED, even if left in a vehicle! PLEASE do not bring them.**
31. 4-H members planning to attend the State 4-H Horse Show can have their horses measured on the day of the show. This show will serve to qualify Southeast District 4-H members for the State 4-H Horse Show. 4-H members desiring to qualify at a show outside normal district boundaries must notify that show's management at least 10 days prior to the show.
32. All '**BEGINNER RIDER CLASSES**' in this show refer to the ability and experience of the rider not the horse's level of training or experience. Beginner Riders cannot show in any other classes and cannot cross enter into another discipline's beginner classes.
33. No bareback riding. No double-riding. No riding with halters only.
34. All participants must have a current Health History form submitted to show management and wear their show number at all times while on grounds.

35. All Participants must sign VT equine waiver upon arrival. Extension agents may validate signed equine waivers online.
36. Youth participants not currently enrolled in 4-H must submit a 4-H Code of Conduct and Health History form upon check-in.
37. Youth and adult participants not currently enrolled in 4-H must turn in a signed ***Open 4-H Horse Show or Clinic for Youth Participant(s) (or Adult Participant form) upon check-in.***

SOUTHEAST DISTRICT OPEN 4-H HORSE SHOW

ENTRY FORM

All entry fees are \$6.00 per class or \$50 for the day

Name of Exhibitor _____

4-H Member _____ Non 4-H _____ Qualifying for State 4-H Show? Yes _____ No _____

Address _____

County _____ Telephone Number (____) _____

Birth Date of Exhibitor ____/____/____ Age on Show Date* _____

Youth in sole control of their animal must be at least 9 during this 4-H year (Oct 1 - Sept 30) to be eligible to show in all classes. Senior eligibility terminates on December 31 of the year the member has his/her 19th birthday. Leadline riders may be no younger than age 5.

Chaperone Present for Show _____

Coggins # and Date _____

ENTRY #	CLASS #	NAME OF HORSE/PONY	NAME OF RIDER

The exhibitor and his representatives hereby agree to abide by all rules and decisions of the show. Exhibitor and parent/guardian hereby attest that they have read the rules for this event and that this entry meets all regulations. This entry form must be accompanied by a signed release, waiver, and indemnification form, plus additional forms if not yet enrolled in 4-H.

Signature of Exhibitor _____ Date _____

Signature of Parent/Guardian _____ Date _____

Please attached a copy of your 4-H measurement card to your entry.

DISTRICT SHOW ELIGIBILITY REQUIREMENTS- 4-H MEMBERS ONLY

_____ CLUB MEMBER SINCE NOVEMBER 30th OF PRIOR YEAR.

_____ THE HORSE MUST BE A 4-H PROJECT ANIMAL 60 DAYS PRIOR TO THE SHOW.

_____ MUST BE 9 YEARS OF AGE BY SEPTEMBER 30TH OF CURRENT YEAR AND NOT
OLDER THAN 18 YEARS OF AGE ON JANUARY 1ST OF CURRENT YEAR.

_____ LONE STAR MEMBERS MUST BE SIGNED UP THROUGH EXTENSION OFFICE
BY JANUARY 1ST OF CURRENT YEAR.

_____ PARTICIPATE IN AT LEAST ONE (1) COMMUNITY PROJECT DURING A PROJECT
YEAR.

_____ PRESENT AN UP-TO-DATE HORSE MANAGEMENT AND/OR PROJECT BOOK FOR
EACH ANIMAL SHOWING.

_____ PARTICIPATE IN AT LEAST ONE (1) CLUB, CITY/COUNTY, DISTRICT, STATE,

REGIONAL OR NATIONAL 4-H EVENT (NOT INCLUDING DISTRICT OR STATE SHOW). EXAMPLES:
WORKSHOPS, CLINICS, EXHIBITS, HORSE CAMPS, JUDGING PROGRAMS, PRESENTATIONS OR ILLUSTRATED TALKS,
TRAINING PROGRAMS, ETC. DURING A PROJECT YEAR OF APRIL 1ST OF PRIOR YEAR THROUGH MARCH 31ST OF
CURRENT YEAR. THIS IS FOR CLUB AND LONE STAR MEMBERS

_____ ATTEND AT LEAST 4 MEETINGS BETWEEN OCTOBER 1ST OF PRIOR YEAR AND
MARCH 31ST OF CURRENT YEAR. THIS IS FOR CLUB MEMBERS ONLY

_____ OCTOBER _____ NOVEMBER _____ DECEMBER

_____ JANUARY _____ FEBRUARY _____ MARCH

EXHIBITOR'S NAME: _____ PLEASE PRINT

EXHIBITOR'S SIGNATURE _____

PARENT'S SIGNATURE _____

LEADER'S SIGNATURE _____

EXTENSION AGENT'S SIGNATURE _____



UNIT: _____

4-H YEAR: _____

VIRGINIA 4-H STANDARDIZED CODE OF CONDUCT FOR 4-H PROGRAMS/EVENTS

Purpose

The purpose of the 4-H program is the positive development of youth. We believe in creating a safe learning environment that encourages the four-fold development of a young person (i.e., Head, Heart, Hands, and Health). We expect all persons involved in 4-H (youth members, parents, teen/adult volunteers) to practice behaviors that foster the total development of youth. Each 4-H member and associated individuals participating in 4-H activities must accept the responsibility of creating a positive image that reflects 4-H ideals. Furthermore, the Virginia 4-H program recognizes that "CHARACTER COUNTS!" All 4-H participants are representatives of the program and should always strive to uphold the following standards: Trustworthiness, Respect, Responsibility, Fairness, Caring, and Citizenship. In seeking uniformity in the conduct expected at 4-H programs/events, the following code of conduct has been developed to provide a clear understanding of expectations. Participants and parents/guardians must sign this form in order to participate.

Code of Conduct

1. For the safety and wellness of all participants, a completed and signed 4-H Health History Report Form is required for participation in 4-H events. In addition, medications and medication forms (for all participants under 18 years old) must be turned in at the registration table upon arrival at the 4-H event (or according to another system outlined in the registration/orientation information).
2. Participants should attend and be actively involved in all scheduled activities as part of this 4-H program/event (unless under the supervision of a medical staff person.) Curfew is to be followed as specified in the schedule for overnight events. Failure to be in assigned locations may lead to dismissal from the 4-H event. Some areas are off-limits to participants (ex: swimming pool; bodies of water such as lakes and rivers; challenge course, etc.) unless under appropriate instructor supervision.
3. Visitors to a 4-H program/event must check-in with the Extension Agent, Program Director, or other adult in charge of the 4-H program/event upon arrival.
4. Participants should remain at a 4-H program/event until the program/event is scheduled to end. Participants may not leave a 4-H program/event without prior permission from Extension Agent, Program Director, or other adult in charge of the 4-H program/event. Participants may only be picked up from a 4-H program/event by the person designated on the 4-H Health History Report Form. Identification may be requested at the time of pick-up.
5. Participants are expected to follow the directions of 4-H volunteers and paid staff. All 4-H'ers are under the supervision of the Extension Agent, Program Director, or other adult 4-H leader responsible for the 4-H program/event.
6. Participants should respect the property of others and be responsible for themselves. Deliberate destruction or removal of facilities or equipment is not permitted. Financial responsibility for any damages caused by deliberate destruction will be assumed by the participant and/or parents/guardians. The same applies to the property and personal items of other participants.
7. Participants should treat all others and themselves with respect. Aggressive, abusive, vulgar, or violent language and behavior towards others (ex: fighting, threats, insults, cursing, discrimination, etc.) are not permitted.
8. Participants should respect the privacy of others. Girls are not permitted in boys' lodging rooms nor are boys permitted in girls' lodging rooms.
9. Participants are expected to dress appropriately based upon the guidelines established by the person in charge of the 4-H program/event.
10. Possession, distribution, or use of fireworks, weapons, knives, or other items that can be used as a weapon are not permitted at 4-H programs/events, except under adult supervision in scheduled instructional activities (ex: shooting education class supervised by a certified instructor, etc.).

11. Possession, distribution, or use of alcoholic beverages, illegal drugs, tobacco products, and unauthorized prescription drugs are not allowed at any 4-H sponsored program/event and must be reported to law enforcement. The Virginia 4-H program reserves the right to conduct a search of a participant's outer clothing, luggage, personal belongings, lodging rooms, and furniture being used by a participant(s) if there is "reasonable suspicion" that the participant has drugs, alcohol, or weapons.
12. Animals and pets are not allowed at 4-H programs/events unless needed to accommodate a disability or as part of an organized program, or through specific authorization from Extension Agent, Program Director, or other adult in charge of the 4-H program/event. Animals that are used as part of a 4-H program/event should always be provided with proper care.
13. Electronic and mechanical devices (ex: cellular phones, pagers, walkie-talkies, video games, radios, CD players, TV's, laptop computers, etc.) are not allowed at 4-H programs/events unless they are needed as part of an organized 4-H program/event, or with authorization from the Extension Agent, Program Director, or other adult in charge of the 4-H program/event. Without authorization, these items will be confiscated and returned to the participant (or the participants' parents/guardians) at the end of the program/event.

Consequences

Unacceptable behavior during a 4-H program/event (as defined within this **Virginia 4-H Standardized Code of Conduct** or through a review process by 4-H staff/volunteer) will result in consequences to the participant. Consequences may include:

1. early release from this 4-H program/event without refund,
2. restitution or repayment of damages,
3. denial of future participation in the 4-H program/event at the local, district, state and national levels for one or more years (as determined by the unit staff in charge of, or responsible for, the 4-H program/event),
4. forfeiture of financial support for a 4-H program/event
5. removal from 4-H offices held (if applicable), and
6. releasing the youth to the appropriate law enforcement agency and/or the proper authorities.

NOTE: Any conduct not specifically covered by this **Virginia 4-H Standardized Code of Conduct**, but deemed inappropriate by those responsible for the 4-H program/event will be viewed as a violation and appropriate action will be taken. If an infraction occurs, the person in charge of the 4-H program/event will provide appropriate communication to parents/guardians.

Signature(s) (Both signatures are required for participants under 18 years old.)

I have read and understand the above "Code of Conduct" and will abide by the expectations described in the Code-of-Conduct. I understand that if I act inappropriately I will have to accept responsibility for my actions that may result in the consequences listed above.

Participant Printed Name

Participant Signature

Date

I have discussed and reviewed this "Code of Conduct" with my child. I understand that failure to abide by this 'Code of Conduct' may result in the consequences listed above which includes no refund. In the event that this code is violated, I agree to come to the 4-H program/event to pick up my child at the request of the adult in charge of the 4-H program/event. I further understand that I refuse to pick up my child, am unavailable, or fail to make timely arrangements to retrieve my child, 4-H program/ event staff may contact law enforcement or social services to provide necessary protection for a child in need of services. I acknowledge responsibility for all fees/charges that may result from said services.

Parent/Guardian's Printed Name (for participant under 18 years old)

Parent/Guardian's Signature (for participant under 18 years old)

Date





INSTRUCTIONS: Please provide detailed health information for determining appropriate supervision, support, and accommodations for the 4-H activity or event listed. **A parent or guardian must sign.** If the participant is a person with a disability and desires any assistive devices, services or other accommodations to participate in this activity, please contact your local Extension office during business hours at least 7 days prior to the event to discuss accommodations. **PLEASE PRINT ALL INFORMATION.** (NOTE: Both sides of this form must be completed.)

Name of 4-H event in which you wish to participate: _____
Date(s) of event: _____ Location: _____

PARTICIPANT IDENTIFICATION

Name: _____ Gender identified with: _____
Last First (Underline name by which you like to be called) Middle
Mailing address: _____ Participant cell phone: (____) _____
City: _____ State: _____ ZIP: _____ Home phone: (____) _____
Age: _____ Birthdate: _____ Home email: _____
Ethnicity (choose one): Hispanic/Latino ☐ Not Hispanic/Latino ☐
Race (choose all that apply): American Indian/Alaskan Native ☐ Asian ☐ Black/African American ☐
Native Hawaiian/Other Pacific Islander ☐ White ☐

PARENT / GUARDIAN IDENTIFICATION (Place a check beside who to reach in the event of an emergency.)

☐ First parent/guardian name: _____ First parent/guardian email: _____
First parent/guardian phone daytime: _____ Evening: _____ Cell: _____
☐ Second parent/guardian name: _____ Second parent/guardian email: _____
Second parent/guardian phone daytime: _____ Evening: _____ Cell: _____
Who has primary custody of the participant? _____
Address, if different than child: _____

PHYSICIAN / INSURANCE INFORMATION

Family physician name: _____
Phone: (____) _____
Dentist/orthodontist name: _____
Phone: (____) _____
Do you carry family medical / hospital insurance?: Yes ☐ No ☐
Carrier: _____ (Check ☒ one)
Policy ID #: _____

EMERGENCY CONTACT INFORMATION (Parts 1 and 2 should be completed)

- Where can you be reached in the event of an emergency?
Location: _____
Phone: (____) _____
Cell phone: (____) _____
- If you **Cannot** be reached, who should be notified?
Name: _____
Home phone: (____) _____
Work phone: (____) _____
Cell phone: (____) _____

(continued on back)

4-H PARTICIPANT MEDIA RELEASE

The Virginia Polytechnic Institute and State University/College of Agriculture and Life Sciences (CALS) periodically uses electronic and traditional media (e.g., photographs, video, audio footage, testimonials) for publicity and educational purposes. By my signature on this form, I acknowledge receipt of this document and give permission to the College of Agriculture and Life Sciences and its designee to use such reproductions for educational and publicity purposes in perpetuity without further consideration from me.

I understand that I will need to notify Virginia Tech/College of Agriculture and Life Sciences if any changes to my situation occur that will impact this media release permission.

☐ Yes ☐ No

PARTICIPANT HEALTH AND MEDICAL HISTORY*(Questions 1-5 must be completed.)***1. SPECIAL DIETARY NEEDS**

INSTRUCTIONS: The purpose of this section is to communicate special dietary needs, food allergies, etc. for any child, teen, or adult who will be attending a 4-H event.

In the space below, please list all **food allergies and/or other dietary restrictions** for the person listed above and any necessary precautions that should be taken:

2. Has the participant ever experienced (or had special needs in) any of the following?
[Check (✓) all that apply]

- | | | |
|---|---|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Bleeding disorders | <input type="checkbox"/> Attention disorders (ADHD) |
| <input type="checkbox"/> Eating disorders | <input type="checkbox"/> Seizures/Convulsions | <input type="checkbox"/> Wears contacts |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Behavior |
| <input type="checkbox"/> Fainting spells | <input type="checkbox"/> Non-food allergies | <input type="checkbox"/> Other: _____ |

Please describe any condition or need that you checked:

3. Is the participant experiencing any current health problems, under medical care, receiving mental or behavioral services, or currently taking medication?

☐ YES ☐ NO If YES, please explain: _____

4. Has the participant undergone surgery, or experienced any injury, illness, allergy, or change in health status any time during the last year? Is there any reason that participation in a program or activity should be restricted?

☐ YES ☐ NO If YES, please explain: _____

5. What else should we know about your child?

4-H programs include very rewarding, but sometimes challenging situations. Please inform us of any concerns that may arise related to your child's physical, mental, emotional, and/or social health in order that we may better provide appropriate supervision and support.

APPROVAL / EMERGENCY AUTHORIZATION

(Please read parts 1 and 2. If the participant is under 18, parents/guardians must sign in the space provided. If you are over the age of 18, please sign for yourself. If you cannot sign this due to religious reasons, you must contact your Extension office to obtain a legal waiver that must be signed. **If this section is not signed, participation in the 4-H event/activity will not be allowed.** You must contact your Extension office if there is a change in health status after submitting this form.

- I give my permission for the participant named on this form to attend the designated 4-H program. He / She has permission to participate in all activities which may include swimming and other water sports under the supervision of lifeguard(s) and to take part in other scheduled activities such as firearm safety, horsemanship, archery, low ropes, physical activity/exercise and related activities under the supervision of instructors; subject to limitations noted herein.
- I hereby give permission to the medical staff person selected by the event/activity director to order X-rays, routine tests and treatment for my child (or for myself if I am a participant over 18 years old) as medically necessary. I also give permission for the participant to receive over-the-counter medication as needed under the guidance of the medical staff person. I understand that all attempts will be made to notify parents/guardians of any serious injury or illness to their child. If I cannot be reached in an emergency, I hereby give permission to the medical staff person to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for me/ or the participant named on this form. This form may be photocopied for use outside of the event/activity location.

ADULT PRINTED NAME: _____

SIGNED: X _____
(Parent / Legal Guardian or participant over 18 years old)

Date: _____

I understand and agree to abide with any restrictions placed on my activities according to this form.

YOUTH PRINTED NAME: _____

SIGNED: X _____
(Participant under 18 years old)

Date: _____

IMMUNIZATION HISTORY (This must be completed)

Are your child's immunizations up to date? ☐ YES ☐ NO Date of most recent tetanus shot: (month/year) ____/____/____

RELEASE AUTHORIZATION

I give permission to the following individual(s) to pick up my child at the conclusion of this 4-H event:

Name(s): _____

Sign below at time of pick up (Receiving person must be pre-listed above):

Name (print): _____ Signature: _____ Date: _____



Virginia Polytechnic Institute and State University Equine Release, Waiver, and Indemnification Statement

The undersigned participant, and his or her parent or legal guardian if the participant is under the age of 18 years, does/do hereby execute this release, waiver, and indemnification for himself or herself/themselves and his or her/their heirs, successors, representatives, and assigns and, thereby, agree(s) and represents as follows:

To release Virginia Polytechnic Institute and State University and the Commonwealth of Virginia, its members, employees, agents, representatives, subsidiary corporations, and those governmental agencies and other organizations affiliated with this activity from any and all liability, loss, damage, costs, claims, and/or causes of action, including but not limited to all bodily injuries and property damage arising out of participation in the activity, it being specifically understood that said activity includes the handling of equine by the undersigned participant. The undersigned person(s) further agree(s) to indemnify Virginia Polytechnic Institute and State University and the Commonwealth of Virginia, its employees, members, agents, representatives, and those governmental agencies and other organizations affiliated with this project, and hold them harmless for any liability, loss, damage, costs, claims, judgments, or settlement which may be brought or entered against them as a result of the undersigned person's participation in said activity, unless the damage or loss is caused by the grossly negligent acts of Virginia Polytechnic Institute and State University, its employees, members, agents, or representatives.

If involved in equine activities pursuant to Section 3.2-6202 of the Code of Virginia the undersigned(s) execute(s) this waiver of the undersigned(s) rights to sue and agree(s) to assume all risks resulting from the "intrinsic dangers of equine activities". "Intrinsic dangers of equine activities" is defined as those dangers or conditions that are an integral part of equine activities, including (i) the propensity of equines to behave in ways that may result in injury, harm, or death to persons on or around them; (ii) the unpredictability of an equine's reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; (iii) certain hazards such as surface and sub-surface conditions; (iv) collisions with other animals or objects; and (v) the potential of a participant acting in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or not acting within the participant's ability.

This waiver shall remain valid unless expressly revoked by the participant or Parent or guardian of a minor. The revocation shall be in writing which shall be delivered to the provider and shall become effective thirty (30) days after delivery to the provider.

In the case of school-, college-, and university-sponsored classes and programs, waivers executed by a participant or parent or guardian of a participant shall apply to all equine activities in which the participant is involved in the next succeeding twelve (12) month period unless earlier expressly revoked in writing. The revocation shall become effective thirty (30) days after it is delivered to the provider.

The undersigned(s) agrees to maintain all medical and health insurance needed to cover all risks of any kind in any place in livestock, equine, and/or other activities.

I, the undersigned participant, will wear and use, in accordance with established Virginia Cooperative Extension policy and procedure, all safety equipment and to ensure equipment is in good condition at all times. The undersigned person(s) further agree(s) to indemnify the Virginia Polytechnic Institute and State University and the Commonwealth of Virginia, its employees, members, agents, representatives, and those governmental agencies and other organizations affiliated with this project, and hold them harmless for any liability, loss, damage, cost, claim judgment, or settlement which may be brought or entered against them as a result of the undersigned persons participation in said activity, unless the damage or loss is caused by the grossly negligent acts of Virginia Polytechnic Institute and State University, its employees, members, agents, or representatives.

Printed Name of Participant

Printed Name of Parent or Guardian

Signature of Participant

Date

Signature of Parent or Guardian if participant is under age 18 yrs

Date

Personal Statement for Adult Non-Helmet Use

I, _____, understand that Virginia Tech and the Commonwealth of Virginia highly recommended for safety reasons that I wear an ASTM certified riding helmet while engaged in equine activities. I have freely chosen not to wear this recommended safety equipment, to include an ASTM certified riding helmet, while I am engaged in equine activities and elect to accept full responsibility for any injuries that might arise as a result of failure to use or wear recommended safety equipment.

Signature _____

Date _____

Open 4-H Horse Show or Clinic

For Youth Participant(s) Not Currently Enrolled in 4-H

Acknowledgement of Risk and Safety Skills - VA 4-H Policies and Procedures

I, _____, and my child(ren):

_____ choose to participate in this 4-H open horse show described below. I fully understand and acknowledge that there are inherent risks and dangers in the participation of activities of any equine activity. I also understand and acknowledge that 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. Myself, my child(ren), and extended family members are covered under our own health insurance policy. I understand that this 4-H open show does not provide health insurance coverage.

NAME OF 4-H SHOW _____

LOCATION OF SHOW _____ DATE _____

As the PARENT/GUARDIAN of the youth participant and as a participant, I

- ☐ understand and have discussed with my child(ren) the need to behave in a safe manner with their equine at this event
- ☐ attest to my child(ren) and my and their adequate and safe skills and ability to control the equine during the event, in the schooling ring, and in the classes
- ☐ will ensure that t my child(ren) and I wear(s) appropriate clothing, headgear (ASTM/SEI certified helmet), and footwear during horse activities
- ☐ attest that my child(ren) meet the minimum age requirement (age 9). Riders may be age 5-8 with adult in full care, custody, and control of animal at all times (such as a lead-line class).
- ☐ attest that I and my child(ren) are able to participate in any strenuous physical activity associated with this event

The following forms have been completed and submitted for the participant(s) listed above:

☐ 4-H Code of Conduct ☐ Health History ☐ VT Equine Waiver

We agree to abide by VA 4-H rules, as well as rules for this event, and understand the risks involved. I understand that show management has the right to dismiss attendance of any participant that they deem necessary at any given time.

Parent/Guardian Name (print): _____ Signed: _____ Date: _____

☐ We would like to learn more about the 4-H program. Please contact me with more information.

Address: _____ County: _____

Email: _____ Phone: _____



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Open 4-H Horse Show or Clinic

For Adult Participant(s) Not Currently Enrolled in 4-H

Acknowledgement of Risk and Safety Skills - VA 4-H Policies and Procedures

I, _____ choose to participate in this 4-H open horse show described below. I fully understand and acknowledge that there are inherent risks and dangers in the participation of activities of any equine activity. I also understand and acknowledge that 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. Myself, my child(ren), and extended family members are covered under our own health insurance policy. I understand that this 4-H open show does not provide health insurance coverage.

NAME OF 4-H SHOW _____

LOCATION OF SHOW _____ DATE _____

As the participant, I

- ☐ understand the need to behave in a safe manner with my equine at this event
- ☐ attest to my adequate and safe skills and ability to control my equine during the event, in the schooling ring, and in the classes
- ☐ will ensure that I wear(s) appropriate attire, equipment, and footwear during horse activities
- ☐ attest that my child(ren) meet the minimum age requirement (age 9). Riders may be age 5-8 with adult in full care, custody, and control of animal at all times (such as a lead-line class).
- ☐ attest that I am able to participate in any strenuous physical activity associated with this event

The following forms have been completed and submitted for the participant(s) listed above:

- ☐ 4-H Adult Standard of Behavior
- ☐ Adult Health History
- ☐ VT Equine Waiver

We agree to abide by VA 4-H rules, as well as rules for this event, and understand the risks involved. I understand that show management has the right to dismiss attendance of any participant that they deem necessary at any given time.

Name (print): _____ Signed: _____ Date: _____

☐ I would like to learn more about volunteering in the 4-H program. Please contact me with more information.

Address: _____ County: _____

Email: _____ Phone: _____



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