2019 FFA EquiSmartz Practice Registration Form  
March 24, 2019  
Virginia Horse Center – Lexington, VA

FFA Chapter: ____________________________________________________________

Coach: _________________________________________________________________

Email: _________________________________________________________________

Phone: _________________________________________________________________

**Seniors**

LIST NAMES AND ASSIGN TEAMS:  

<table>
<thead>
<tr>
<th>Name 1</th>
<th>Team 1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Juniors

LIST NAMES AND ASSIGN TEAMS:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Individuals **NOT GIVING REASONS**: _____________ X $5 = $ ________________  
*lunch is **NOT** included for these individuals

Total Individuals **GIVING REASONS**: _____________ X $15 = $ ________________  
*lunch is **included** for these individuals

**TOTAL**: $ ________________

*checks made payable to **Virginia 4-H Foundation - Horse**

**Return by March 5th** to:

Leona Ransdell  
388 Litton Reaves  
Virginia Tech  
Blacksburg, VA 24061
4-H Media Release Form

In return for your providing me with the opportunity to participate in and support the worthwhile educational project as consideration, I hereby grant Virginia Polytechnic Institute and State University ("Virginia Tech") the absolute and irrevocable right and permission to record me – my image, voice, performance and comments - for use in any of its programs or publications, with or without use of my name. I also give Virginia Tech permission to edit, exhibit, give, sell, transfer, publish, copyright, or use the finished pictures or sound, or any portion thereof, in any way they may deem proper.

I hereby relinquish and transfer to Virginia Tech all rights, title, and interest in the finished products, reproductions of, or publicity for said products. I further grant Virginia Tech the right to use and allow any other designee unrestricted future use of the work or any portion thereof in any medium at any time throughout the world in perpetuity without any further consideration from me.

My agreement to perform or appear is voluntary, and I hereby waive all personal claims, causes of action, liabilities, or damages against Virginia Tech and its employees and designees, arising from or in connection with my performance or appearance.

I understand I will have no control over the manner of use of the materials produced and hereby waive any right to pre-approve or inspect materials prior to distribution.

I have read the above release and am aware of its contents.

Signed ______________________________________________________________     Date _______________________

Printed Name ______________________________________________________________________________________

Address __________________________________________________________________________________________

Witness ______________________________________________________________    Date _______________________

Signature of Parent or Guardian (if under 18) – I am the guardian of the minor named above and hereby agree that we will be bound by this release:

Signed ______________________________________________________________     Date _______________________

I DECLINE to give permission for any photograph, digital image, videotape, or other picture to be used for promotional purposes by Virginia Tech.

Signed ______________________________________________________________     Date _______________________

Parent/Guardian if participant is under 18:

Signed ______________________________________________________________     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/himselfs and his or her/their heirs, successors, representatives, and assigns and, thereby, agree(s) and represents as follows:

To release the Virginia Polytechnic Institute and State University and the Commonwealth of Virginia, its members, employees, agent, 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 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 person’s participation in said activity.

If involved in equine activities pursuant to Section 3.2-6202 amended 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 but not limited to, (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 subsurface 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 Cooperative Extension policy and procedure, all safety equipment and to ensure equipment is in good condition at all times.

__________________________  ____________________________  ____________
Printed Name of Participant Printed Name of Parent or Guardian

Signature of Participant  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 ______________________________

www.ext.vt.edu

Virginia Cooperative Extension programs and employment are open to all, regardless of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, genetic information, marital, family, or veteran status, or any other basis protected by law. An equal opportunity/affirmative action employer. Issued in furtherance of Cooperative Extension work, Virginia Polytechnic Institute and State University, Virginia State University, and the U.S. Department of Agriculture cooperating. Edwin J. Jones, Director, Virginia Cooperative Extension, Virginia Tech, Blacksburg, Jewel E. Hairston, Administrator, 1890 Extension Program, Virginia State, Petersburg.

VT/06144H-304NP