

2020 NORTHERN DISTRICT HORSEMANSHIP SKILLS EVALUATION

PURPOSE: To allow 4-Her's to test Level One and Level Two Horsemanship Skills as a part of the requirement of the Virginia State 4-H Horse Program. Successful completion of these two levels will be required of all horse rider pairs who have not competed together at a previous State 4-H Horse Show.

LOCATION: Virginia Horse Center, Lexington, VA

EXAMINERS: Dedi Spradlin, Bertha Durbin, Tamla Nichols, and Leslie Prillaman

Horse Measurement: Bertha Durbin

DATE/TIME: May 30, 2020 (Saturday) starting at 12:00PM

NUMBER OF PARTICIPANTS: The number of participants will be limited to 35 horse/rider combinations. Start times will be staggered with groups of four testing at a time starting at 12:00 PM. Those accepted for the evaluation will be sent a time to arrive. You DO NOT NEED to be showing in the May 31st Qualifying Show to participate in this skills evaluation.

FEES: Bit N Bridle 4-H club will be collecting \$5 per horse/rider combination to purchase gift cards for our volunteer evaluators.

RULES FOR PARTICIPATION:

1. All participants must be bona fide 4-H horse project members. All animals must be their 4-H Project animals, registered with their respective Extension Unit and part of their Horse Project Record.

2. Participants must meet all county and state 4-H regulations for entry to State 4-H Horse Show.

3. Applicants must submit this form and copies of their health form, equine waiver, current coggins, and a Virginia Horse Center release waiver. Any incomplete applications will be returned, and applicants not accepted.

4. Evaluation Requirements:

Participants must be prompt and be ready to begin at the appointed time. Participants must come to Evaluation attired and turned out as they would be for their discipline. As portions of the evaluation will be conducted on the ground, horses should be brought to the testing area in a halter and with grooming equipment. Appropriate tack for the riders discipline must be brought along to the testing area as well.

5. Successful completion of Levels One and Two are required for participation at the State 4-H Horse Show. (Exception – those horse/rider combinations who have previously shown at a State 4-H Horse Show.) Level one must be passed in its entirety. If participant fails any part of Level One they must retest on all Level One skills. With Level Two, any individual skills missed may retest without redoing the whole level.

6. Measurement of horse is available during the Evaluation, but please identify if you require measurement in the application so we can plan accordingly.

For more information contact: Jill Dawson, Cell: (540) 460-9980, e-mail: jdawson_59@yahoo.com or Amanda Loreti, Cell: (540) 319-0182, e-mail: amandaloreti@gmail.com.

VA STATE 4-H HORSEMANSHIP SKILLS EVALUATION
May 30, 2020 (Saturday), Virginia Horse Center, Lexington, VA

PART I: APPLICANT INFORMATION:

Name of Applicant _____

Address _____
Route & Box Number City Zip Code

Birthdate of Applicant _____ on Sept. 30, 2020 _____
Age of Applicant

Phone Number _____ E-mail address: _____

County _____ Club _____ District _____

Name of Horse _____ Height of Horse _____

Breed _____ Color _____ Age _____

Are you a senior who has qualified and shown a horse at the state show in the past as a senior? Yes No

Which skills will you need tested on? Level 1 Level 2

Have you attended or do you plan to attend with this animal a District Qualifying Show? Yes No

Will you be attending the Bit N Bridle Show, a District Qualifying Event on May 31, 2020? Yes No

Do you require your horse/pony to be measured? Yes No

Although we cannot guarantee a particular start time, do you have a preference? If so, circle a time.

12:00 PM-1:00 PM 1:00 PM-2:00PM 2:00 PM-3:00 PM 3:00 PM-4:00 PM

PART II – SIGNATURES

I agree to participate under the rules of 4-H and this clinic and agree that neither the event nor sponsors will be responsible for any accident or injury to the person or property of any participant or other person. The participant agrees to indemnify the event organizers and Front Royal 4-H Horse Center against any claim or liability for damage caused by him or his animal. The applicant and/or representative hereby agree to abide by all rules for this 4-H Event including the entry system. Participant and parent or guardian hereby attest that they have read the rules for this event and that this applicant and entry meet all rules and regulations for this event.

Signature of PARTICIPANT _____

Signature of PARENT/GUARDIAN _____

Signature of CLUB LEADER _____

Please mail this application, a copy of your health history form, equine waiver, current coggins, and VHC release waiver to Jill Dawson, 34 White Oak Lane, Lexington, Virginia 24450, or e-mail the package to jdawson_59@yahoo.com. **If you are coming as a group, please submit all paperwork together at the same time.** Applications will be accepted until May 15th or until entry maximum is reached.



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: _____ Female: Male:
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)

1. Where can you be reached in the event of an emergency?

Location: _____

Phone: (_____) _____

Cell phone: (_____) _____

2. 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.

1. 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.
2. 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 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



RELEASE AND WAIVER OF LIABILITY
Virginia Horse Center Foundation & Virginia Equine Center Foundation
DBA Virginia Horse Center

I am aware that horseback riding, hunting, riding to hounds and other equine activities are athletic events which pose potentially serious risks of injuries or death to their participants. I understand that my horse(s) or I may be injured or die as a result of my negligence, the negligence of others, or through no fault of myself or anyone else, because of the nature of the activity in which I am going to be engaged. I also understand that horses, even the most well trained, are often unpredictable and are often difficult to control.

With this waiver I accept notice of the provisions of the Equine Activity Liability Act 3.2-6200 through 6203, 2008, as amended, which state in part: “(i)the propensity of an equine to behave in dangerous ways which may result in injury to the participant; (ii)the inability to predict an equine’s reaction to sound, movements, objects, persons or animals; and (iii)the hazards of surface or subsurface conditions. The waiver shall remain valid unless expressly revoked by the participant or parent or guardian of a minor, in writing, with receipt acknowledged by a representative of the Virginia Horse Center Foundation and Virginia Equine Center Foundation, heretofore known as the “Virginia Horse Center”, Lexington, Virginia.

Furthermore, with this waiver, I expressly assume the risk of injury or death due to negligence by the Virginia Horse Center, their agents, employees, members, officers, directors, and staff, for my own safety or for the safety of my minor child.

With the knowledge of the foregoing, and as an inducement for the Virginia Horse Center to allow me to ride or participate in clinics on their property, I hereby agree to waive or release any and all rights that I or my heirs may have to make a claim against the Virginia Horse Center, their employees and participants, arising from any damages, injury, or death which I might sustain or which might occur to any horses. I further agree to indemnify and hold harmless all of the foregoing from any claims which I might make or which might be made on my behalf by others or which might be made against me by others, arising from riding on Virginia Horse Center property. Furthermore, I agree to indemnify the Virginia Horse Center, their employees, or participants, for any injury, death, loss, or damage to any personal property which might occur during an equine activity as defined by 3.2-6200 through 6203, 2008, as amended, or social functions sponsored by the Virginia Horse Center or held in our behalf or for our benefit, when such injury, death, loss or damage occurs on their property.

BY SIGNING THIS WAIVER AND RELEASE, I UNDERSTAND THAT I AM GIVING UP, (WAIVING AND RELEASING) ANY RIGHT I MIGHT HAVE TO SUE OR MAKE A CLAIM WHICH I MIGHT HAVE OR WHICH MIGHT SUBSEQUENTLY ARISE OR OCCUR AGAINST THE VIRGINIA HORSE CENTER, AND PARTICIPANTS, OR EMPLOYEES OVER WHOSE LAND I RIDE, FOR ANY INJURIES I MIGHT SUSTAIN WHILE HORSEBACK RIDING OR PARTICIPATING IN AN EQUINE ACTIVITY, AND THAT I AM INDEMNIFYING AND HOLDING HARMLESS, THE VIRGINIA HORSE CENTER, AND EMPLOYEES OVER WHOSE LAND I RIDE, FOR INJURING ANYONE ELSE OR ANY HORSE RIDDEN BY ANOTHER WHILE SO ENGAGED, IT IS MY INTENT TO GIVE UP THOSE RIGHTS AND PROVIDE THE HOLD HARMLESS AGREEMENT, AND I DO SO KNOWINGLY AND VOLUNTARILY.

Address _____ Signature (parent if under 18) _____
Date _____