

Welcome to the 2019 Mary Cole 4-H Horsemaster 50 Mile Ride!!

I want to welcome you all to the 12th Annual Mary Cole 4-H Horsemaster 50 Mile Ride. This will be our first ride hosted from Fort Valley Stables, Fort Valley, Virginia. Celeste Crisman, Extension Equine Specialist - retired, will continue to lead the ride, and her usual and wonderful volunteer crew of outriders are sure to offer a lot of fun for the youth riders! Riders will experience independence in riding, and should be considered fairly confident in handling their horses for long rides over difficult terrain. Horses must be able to handle riding in groups, navigate obstacles including water crossings, and have a good temperament to be in tight proximity of other horses on a trail.

We will be riding for long days on Monday, Tuesday and Wednesday. Riders are expected to pack their own lunch and plenty of water. Breakfast is not provided. The camp chefs will have dinner planned for our return and we all will enjoy s'mores and stories around the campfire in the evening. Parents and siblings are all asked to help and assist the camp chefs with preparations, setting the tables, and cleanup. Following dinner, we usually have time for games and fun. You are encouraged to bring ideas and games with you! This is a very relaxed and fun atmosphere, however, please keep in mind that this is a 4-H event and alcohol is not permitted.

For parents and siblings, there is much to do in the Fort Valley/Shenandoah river region, and you will not be lacking in activity ideas while our 4-Hers are out riding! Google for your adventures! Share with us your plans and perhaps others coming may want to join you!

RIDERS: Please carefully read the trail guidelines, conditioning and equipment information. Planning and preparation are the keys to a safe, successful ride and a fun week. Boots and closed toed shoes are required when riding or handling the horses. ASTM-SEI approved helmets are required for all youth when mounted. The camp facility is privately owned and managed as a business. The beauty and amenities of this area will help us make this a week you will not soon forget!

Please let me know ASAP if you are interested in a cabin at Fort Valley Stables, and I will let management know, as we have reserved cabins for participant families up until May 15. You will pay the property owners directly.

Fort Valley and the Mary Cole 4-H Horsemaster 50 Mile Ride will offer a lifetime of memories!

See you there!

Sandy Arnold
Extension Horse Associate - Youth
703-201-4322

PREPARATION GUIDE

MARY COLE 4-H HORSEMASTER 50 MILE RIDE

Fort Valley, Virginia

June 16-20, 2019

Purpose: To provide 4-H members an opportunity to meet the Progressive Riding Series Unit 4 - Horsemaster record book requirement of a 50 mile ride over 2 - 3 days, and to help develop an appreciation of trail riding, conservation and natural resources.

Eligibility: Senior 4-H member, age 14 - 19. Horse should be registered as a project animal. Junior age considerations on a case by case basis.

Horses: Participants will be responsible for bringing their own horse, feed and equipment. No Stallions. Horses will be housed in outdoor corrals at the camp. **Due to the terrain in the Fort Valley area and the number of miles ridden per day, we ask that your horses be shod on all four feet and properly conditioned for the mountainous terrain. Exceptions must be discussed beforehand and considered on a case by case basis.**

Coggins and Vaccinations: Proof of a negative Coggins is required for all horses within 12 months of the date of the event. Bring an extra copy of your coggins papers with you. It is also recommended that your horse is up-to-date on the core vaccines of Rabies, Tetanus, EEE, WEE and WNV.

Registration and fees: **Registration forms and \$220 fee per rider are due by May 15, 2019.** Dinner fee for each non-rider is \$50.00 to include dinner for Sunday, Monday, Tuesday and Wednesday evenings. The \$220 4-Her fee will cover one paddock/pen, one campsite with water & electric hookup, dinner Sunday through Wednesday, and any trailering charge to trailheads. All other meals will be the responsibility of each 4-Her and their responsible party. Dietary needs, other than vegetarian requests, will need to be provided by the participant. Lunch, snacks and plenty of water should be packed and carried in saddle bags for lunch on the trail. Horses will be kept in outside paddocks or pens.

Parent and Family Participants: Parents and/or family members will not be allowed to participate in this organized youth ride, however Fort Valley Stables offers trail riding services that may be arranged by contacting them directly. They also allow fishing on their property without needing a license to fish. Plus there are many other exciting activities in the area, to include tubing down the Shenandoah, hiking, and visiting Luray Cavers. If you wish to stay at one of their cabins, please contact me directly. There will NOT be a reduction in the fee per rider, if they stay in a cabin with family members. All cabin arrangements or additional camp sites needed beyond the one campsite included, must be made directly through Fort Valley Stables.

Schedule of Activities

Sunday, June 16th:

12:00 - 5:00 pm	Arrive, check in, settle horses and set up campsite
5:00 - 6:30 pm	Group Dinner
6:30 - 7:30 pm	Mandatory Orientation meeting, review ride schedules, Trail equipment and introduce trail guides.
7:30 - 10:00 pm	Campfire, recreation and prep work if needed

Monday, June 17th:

6:30 am	Rise and shine, take care of horse
6:45 - 7:30 am	Breakfast on your own
7:30 - 8:00 am	Saddle up
8:30 am - 4:00 pm	Ride from camp, lunch on the trail
4:00 - 6:30 pm	Take care of horses, prep for Tuesday ride, relaxation.
6:30 - 10:00 pm	Group dinner and campfire activities

Tuesday, June 18th:

6:00 am	Rise and shine, Take care of horse
6:15 - 7:00 am	Breakfast on your own
7:00 - 7:30 am	Saddle up and trailer to trailhead or ride from camp
8:15 am - 4:00 pm	Ride, lunch on the trail
4:00 pm - 6:30 pm	Take care of horse, prep for Wednesday ride, free time
6:30 - 10:00 pm	Group dinner, campfire and activities

Wednesday, June 19th:

6:30 am	Rise and shine, Take care of horse
6:45 - 7:30 am	Breakfast on your own
7:30 - 8:00 am	Saddle up and trailer to trailhead or ride from camp
8:30 am - 4:00 pm	Finish up 50 miles, lunch on the trail
4:00 - 6:30 pm	Take care of horse, free time
6:30 - 10:00 pm	Group dinner, campfire and activities

Thursday, June 20th:

You are on your own schedule to be more relaxed - feed horses, strip stalls/clean paddocks, pack up camp and have a safe trip home!! **Please leave the camp area and stalls/paddocks clean!!**

Contact information for emergencies will be provided closer to the date of event. Cell phone service is not reliable. Adult chaperones are free to explore off-site while youth are on the ride, however chaperones must be on the premises when riders return to camp.

Guidelines for Conditioning the Horse

1. Your horse should be fed a balanced ration based on good quality hay or pasture and concentrate if needed. Evaluate your horse to determine his body condition score. An obese horse scoring 8 or more is not a good candidate to use for this ride. Monitor your horse's weight from now until the ride and dry lot with hay if necessary to control weight gain. Your horse should have free access to a trace-mineralized salt block or supplement and small blocks can be brought with you and put in their feed buckets in the stall during the 50 mile ride.
2. Do not change your horse's feeding regimen. If you do not feed grain at home then don't feed more than a handful of grain on the ride. Bring plenty of good quality hay to feed in the stall.
3. Accustom your horse to accepting electrolytes which are important to use on the ride to compensate for stress and sweating. You can use either a gel/liquid formulation that is delivered directly into the mouth or a powder that is fed with grain. I would not recommend electrolytes added to their water bucket as you cannot control/determine the amount they have consumed. You will give electrolytes the night before and the morning of each day of the ride or according to package directions. This will be very important for this ride as even though the temperatures might be moderate, the horse will be doing lots of climbing and sweating.
4. In order to condition your horse and yourself for the ride you will need to begin riding the horse at least 3 days per week, for a minimum of half an hour the first week and adding half an hour per session each week. By the fourth week, you should be riding for two hours, 3 days a week. Each session should be composed of walking, trotting or gaiting and cantering. Walking and trotting develops muscles, trotting and cantering develops wind. Most of your conditioning work should be done at the trot or gait. Lunging counts, as does ring work but you also need to find some hills and obstacles to work over. By the first part of June you should be taking your horse out at least once a week for a 4 to 5 hour trail ride.
5. You must practice crossing creeks, logs, mud and uneven terrain. Your horse should willingly but cautiously go where you ask. If your horse is determined not to get his feet wet then you need to work with a different horse. Begin practicing obstacles now so that you will know quickly whether your horse is the one to use for the ride or if you need to condition another horse.
6. Your horse should be shod on all four feet. Schedule shoeing with your farrier 2-3 weeks before the ride. This will allow the horses feet to toughen and may allow enough time to recuperate from a badly placed nail. Borium or caulks on the shoes is not

recommended as the horse's feet need to be able to slide. **Weighted shoes or shoes with trailers will not be allowed as they will not stay on the duration of the ride!**

7. Practice riding your horse with saddle bags, poncho and any other gear attached so that they get used to the feel and noise of equipment flopping around on them.

Conditioning for the Rider

1. If you have properly conditioned your horse, you should be in pretty good condition yourself for an extended ride.
2. On the 50 mile ride, wear what you would normally ride in - tights, britches, jeans or chaps. Do not buy a new pair of riding pants and start them on this ride! Dress for warm weather and be prepared with sun protection. A jacket may be needed for night time and early morning riding. Bring a poncho or rain gear with you each day of the ride as unexpected storms can often occur. Ride your horse with a poncho or rain gear ahead of time and get them used to the noise and flapping!! Riding boots with a heel are required while mounted and an ASTM approved helmet is mandatory.
3. A western or trail/endurance saddle with wide trail stirrups is recommended. Hunt seat saddles typically do not provide enough support or cushion for 5 - 10 hours (however, it is your bum so choose as you wish) and the narrow stirrups can result in sore feet. You also need saddle strings or rings to tie on equipment. Most importantly, make sure you have a quality saddle pad that offers some padding for the horse and ensure that your saddle fits properly. A gall due to ill fitting equipment will end your ride. Choose a saddle that you plan to use and condition for the ride with it!
4. You will need a set of saddle bags or a cantle bag that will carry your lunch, halter and lead, easy boot and any other items you will bring on the ride such as a camera. Plenty of water can go in the saddle bag or in its own holder. Riding lighter is always better so only pack needed items in your saddle bags! If you use saddle bags, balancing the weight on each side is important on a long ride.
5. I recommend that you bring a thin rope halter that you can leave on under the bridle or carry in your saddle bags in order to tie for lunch. Don't forget a thin lead rope in good condition with a sturdy snap.
6. All riders need to pack one easy boot that properly fits your horse - this will need to go in your saddle bag.

Suggested Equipment for the 50 mile ride

Camping:

1. Tent, camper, or living quarters for sleeping. (unless you plan to stay in a cabin at your own expense)
2. Sleeping bags, bedding and pillow.
3. Flashlight, lantern, miscellaneous camping equipment, utensils.
4. First aid materials for human and horse.
5. Sunscreen and INSECT REPELLANT
6. Towels, soap and other personal items - there is an external shower house and toilets.
7. Coolers, food and drinks.
8. Card table, folding chairs, lawn chairs
9. Eating utensils, plates, cups, etc.
10. Adequate clothing that includes a jacket and long sleeve light shirt for sun protection, raincoat and at least two pair of footwear - layers are recommended if you tend to be chillier in the mornings. It may be cool at Fort Valley in the mornings and evenings even in June and rain is always a possibility.

Horse Gear:

1. Bridle, saddle, saddle pad and any other riding equipment.
2. At least 1 hoof easy boot that fits your horse's foot or an extra set of shoes.
3. Extra halter and lead rope.
4. Grooming equipment including **fly spray** and hoof pick.
5. Extra saddle pad and girth.
6. Grain, hay, salt, electrolytes.
7. Buckets for feed and water in the paddocks with chains and bucket hooks for hanging.
8. Bedding for paddocks is optional but recommended. Bring your own bedding.
9. Manure fork, wheelbarrow, and/or muck bucket.
10. TWO COPIES of horse's current Coggins

Trail gear:

1. Thin halter and lead rope
2. Rain gear
3. ASTM approved helmet
4. Saddle bags for food
5. Canteen or water bottle with holder
6. Camera/cell phone for pictures?? Texting and riding not allowed!

We will have a farrier and veterinarian on the ride with us for emergency needs. Extensive farrier or veterinary care will be available to participants at their own expense. The horse owner or responsible party must be prepared to pay for services when rendered.

Camp Rules and Etiquette

1. A 4-H member may not leave camp without permission from their responsible adult and the ride organizers.
2. Youth participants will be responsible to the direction of any and all adults. The 4-H Code of Conduct is to be honored by all participants.
3. Keep the camping and stable areas clean.
4. No horses are to be ridden on the property unless we are riding out as a group.
5. Horses can be tied to your trailer for tacking and untacking but cannot remain there for extended periods.
6. Dogs cannot run loose in the campground areas. They must be tied or on a leash. Dogs will not be allowed on the 50 mile ride trails. If the animal is disruptive, the owner may be asked to remove it from the property.
7. Observe and respect quiet time after 10 pm.

Horse Care

1. Each participant assumes the responsibility for their own horse. The ride organizers assume the right to call on a veterinarian if it appears necessary.
2. Make sure your horse has unlimited access to salt and water.
3. If your horse comes into camp hot, take the time to properly cool him out, clean him up and make them comfortable as they have done the majority of the work. There is a wash area available for use.
4. Once stalled make sure the horse has hay available and plenty of fresh, clean water.
5. Make sure stalls/paddocks are well bedded (if appropriate) and keep stalls/paddock picked out and clean daily.
6. Make sure horse is thoroughly brushed and clean before saddling.

Trail Etiquette

1. We will be walking the horses out of camp and back into camp. Depending on where the trail begins, occasionally horses are hauled out in stock trailers to the trailhead, and will be loaded fully tacked with the exception of the bridle.
2. Most of our ride will be at a walk or trot/gait, with some cantering where terrain allows.
3. Follow the speed of the Trail Boss.
4. Put a red ribbon in the tail of any horse that kicks!
5. Ride at least one horse length behind the horse ahead of you.
6. Do not weave in and out of a line of riders.
7. Do not pass without permission from the rider in front of you.
8. Horses must be ridden in a bridle or hackamore, no halters for riding.
9. The entire group should stay together, no wandering off on your own.
10. Most of the trail will be single file riding, but where room allows you can ride beside someone.
11. If you go under or through branches, do not hold them out of the way, just brush through them so that the person behind you does not get swatted with a branch.
12. If one person needs to stop, the trail boss must be notified and we all stop!



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Conditioning Schedule - Leader Evaluation Sheet

This sheet is to serve as documentation that the 4-H member has thoroughly read all information and has adequately conditioned their horse as per the required guidelines below.

<u>Date</u>	<u>Conditioning Regimen</u>	<u>Leader Initials</u>
<u>May 6-12 (Week 1)</u>		
	Rode 3 days for 30 - 45 min/session, 20 min. total trot work	_____
<u>May 13-19 (Week 2)</u>		
	Rode 3 days for 1 hour/day, 30 minutes total trot work	_____
<u>May 20-26 (Week 3)</u>		
	Rode 3 or more days for 1.5 hours/day, 45 minutes trot work	_____
<u>May 27 - June 2 (Week 4)</u>		
	Rode 3 or more days for 1.5 - 2 hours/day, 1 hour trot work	_____
	Rode on a 2 - 3 hour trail ride	_____
<u>June 3-9 (Week 5)</u>		
	Rode 3 or more days for 1.5 - 2 hours/day, 1 hr total trot work	_____
	Rode on a 3-4 hour trail ride	_____

The time periods can be made up of lunging, ring work, outside work and trail riding. When beginning the trot work, trot/gait your horse until he becomes slightly winded, return to the walk until breathing returns to normal then trot again. You should work to increase the time that your horse can trot at each session. You do not need to get the horse to the point where it trots the full time continuously but should work up to 20 minutes at the trot. Try to find hills or inclines as this will increase the intensity of the work. Ask them to walk or trot over logs or poles. Haul out to local trails that will offer conditioning that is likely to mimic what you will experience at Fort Valley.

- My horse will calmly and willingly load on a trailer. _____
 - My horse will willingly cross streams or creeks. _____
 - My horse will calmly walk through mud. _____
- (Puddles and mud in a ring don't count but certainly help them get used to water.)

4-H Member signature: _____ Date: _____

4-H Leader signature: _____ Date: _____

Take a picture of this form with your phone and email to Sandy Arnold at horse4h@vt.edu **NO LATER THAN Wednesday, 6/12.**

PAYMENT FORM - MARY COLE 4-H HORSEMASTER 50 MILE

June 16-20, 2019

Fort Valley Stables

299 S Fort Valley Rd, Fort Valley, VA 22652

4-H Rider Name: _____

Adult Volunteer/Chaperone: _____

Adult Volunteer/Chaperone cell phone: _____ Email: _____

Horse's Name: _____ Horse's Age: _____ Horse's Gender: _____

Name of stablemate if horse may be kept in paddock with another: _____

ETA, Sunday, June 16: _____ please confirm with Sandy the day before 703-201-4322

Confirm Accommodations Please check - ✓	Camping Primitive (no hookup) no extra fee for max of 2 adults, 2 children	Camping Hookup (water/elect) no extra fee for max of 2 adults, 2 children	Camping Full hookup with sewer (add \$5) for max of 2 adults, 2 children	Cabin Reservations confirmed with FVS

List names of additional guests/family members (all must be enrolled in 4honline or attach paperwork below per person) : _____

Item	Paper copy 4honline enclosed		Fee	Total
	✓	✓		
Up to date Horse Coggins				
4-H Member enrollment & fee (\$220) <small>includes 1 horse stall for 4 nights, 1 camp site w/water & electric hookup, 4 dinners with group and trailering charge to trailhead</small>			- \$50 deposit	\$170
Adult Chaperone enrollment & fee <small>4 dinners with group</small>			\$50	
Additional Family/guests enrollment <small>Cost per family member for 4 dinners with group</small>			#___ x \$50	
Extra full hookup fee (optional sewer)			+ \$5	
Volunteer enrollment & donation				
Total Amount Due:				

Checks made payable to: VTF - Horse (memo: 50 mile)

Mailed to: Sandy Arnold, Youth Equine Ext. Assoc.
VT MARE Center
5527 Sullivans Mill Road
Middleburg, VA 20117

**Postmark & Send Full
Payment by
May 15, 2019**

forms below not required by individuals if
enrolled via 4honline.com



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 _____



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 ☐

(Check ☒ one)

Carrier: _____

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: _____



One Time/Occasional Volunteer Application/Enrollment Short Form VA-114S

CHECK ONE OF THE FOLLOWING: ☐ 4-H ☐ ANR ☐ FCS ☐ Other (explain) _____

☐ One time ☐ Occasional ☐ Donor

Approximate # Hours/Days Volunteering ____/____

1. **Name:** _____
LAST FIRST MI

2. **Address:** _____
RFD AND BOX NUMBER AND/OR STREET

3. _____
CITY OR TOWN STATE ZIP

4. **Phone:** _____ **E-mail:** _____

Items 5-9 for record keeping purposes:

5. **I Live** (Check one):

- ☐ a. On a farm
- ☐ b. Rural area or town under 10,000
- ☐ c. Town or city of 10,000 to 50,000
- ☐ d. Suburb or city over 50,000
- ☐ e. City over 50,000

7. **Age** (Check one):

- ☐ <18
- ☐ 18 - 64
- ☐ 65+

9. **Race:**

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White
- ☐ More than one race

6. **Gender:** _____

8. **Ethnicity** (Check one):

- ☐ Hispanic/Latino
- ☐ Not Hispanic/Latino

10. Media Release Statement: 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.

PLEASE INITIAL: _____ Yes _____ No

11. Volunteer Agreement: I am volunteering my time to further the educational purposes of Virginia Cooperative Extension (VCE). I agree to abide by all policies and procedures of VCE. I understand that VCE programs and employment are open to all, regardless of age, color, disability, gender, gender identity, gender expression, national origin, political affiliation, race, religion, sexual orientation, genetic information, veteran status or any other basis protected by the law. An equal opportunity/affirmative action employer. I hereby certify that all of the entries on this application are true and complete. I understand that any falsification of information herein constitutes cause for dismissal.

Signature: _____ Date: _____

NAME OF CLUB OR GROUP (if applicable): _____

www.ext.vt.edu

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Virginia Cooperative Extension programs and employment are open to all, regardless of age, color, disability, gender, gender identity, gender expression, national origin, political affiliation, race, religion, sexual orientation, genetic information, 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, Blacksburg; M. Ray McKinnis, Administrator, 1890 Extension Program, Virginia State University, Petersburg.

VT/0416/VCE-891NP



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 _____