

Rider's Number

Burlington County 4-H Horse Show Entry Form

Paid

Show Date

Complete both sides

Horse's Name				Sex	Breed	Color	Age	Height
Rider's Name				Age	Grade Junior / Senior	4-H Club Name		
Class #								
						Total Number of Classes	X \$7.00 Amount Due	

Rider's Name _____

Street _____

Town, State, Zip _____

Phone Number _____

Horse Owner's Name _____

Street _____

Town, State, Zip _____

Phone Number _____

Original Negative Coggins, dated within 12 months of show and Horse Health Papers required
 Entry fee: \$7.00 per class.
 Make checks payable to: BurlCo 4-H Horse Advisory

I understand that participation in this event is under my own risk and I am subject to the 4-H Horse Show Rules & Regulations including but not limited to the 4-H Code of Behavior.

RELEASE OF CLAIMS

With the total understanding that horses are unpredictable and potentially dangerous animals, and that a horse show setting is unpredictable and potentially dangerous itself, and that anything may happen today, I hereby on behalf of myself and my personal representatives, release and forever discharge the Burlington County 4-H Youth Development Program and their respective agents, members, leaders, and their successors and assigns; Burlington County 4-H Horse Advisory Board and their respective officers and members, agents, successors, and assigns; Rutgers, the State University, and their agents, successors, and assigns; the Horse Show Committee and their agents, successors, and assigns; of and from any and all claims and demands of any kind, nature and character which I may or may hereafter acquire or which my personal representatives may hereafter acquire or accrue to them; for any and all damages, losses and injuries which may be suffered or sustained by me, my property, or by the horse(s) utilized in connection with my participation in the Burlington County 4-H Horse Advisory Horse Shows; my association therewith, my entry and participation in shows and events affiliated with any of the aforesaid organizations, my traveling to, training for, and return from such shows and events; and all such claims and demands are hereby waived and released, and I covenant not to sue therefore now or at any future time.

HELMET REGULATION

All riders, youth and adult, must wear a properly fitting equestrian helmet, passing or surpassing current applicable ASTM/SEI (American Society for Testing and Materials/Safety Equipment Institute) standards, with chin strap secured, while mounted at any time/anywhere on the competition/event grounds.

The Burlington County 4-H Youth Development Program, Burlington County 4-H Horse Advisory Council, Horse Show Committee and officials, make no representation or warranty, express or implied, about any protective equestrian helmet, and cautions riders that death or serious injury may result despite wearing such equestrian helmet as all equestrian sports involve inherent dangerous risk and as no helmet can protect against all foreseeable injuries.

For our youth riders under 18 years of age, it is the responsibility of the parent or guardian to see to it that the equestrian helmet worn complies with appropriate safety standards for protective headgear intended for equestrian use, and is properly fitted and in good condition. Riders over age 18 are responsible for their equestrian helmet complying with the standards. The Burlington County 4-H Youth Development Program, Burlington County 4-H Horse Advisory Council, and/or Show Committee, and officials are not responsible for checking equestrian helmet for such compliance.

I, the undersigned rider, parent, guardian, understand that I am responsible to verify that the equestrian's riding helmet complies with appropriate safety standards for protective headgear intended for equestrian use. I further attest that the helmet is:

_____ an ASTM/SEI approved equestrian riding helmet. _____ properly fitted to the specific entrant. _____ in good condition.

Signature

Signature of Parent or Guardian if Rider is under 18

Signature of Witness

Date

I want the 4-H Office to be aware of the following disability or medical condition: _____

Original Negative Coggins, dated within 12 months of show & Horse Health Papers must be presented to Show Secretary the day of the show

I understand that participation in this event is under my own risk and I am subject to the 4-H Horse Show Rules & Regulations including but not limited to the 4-H Code of Conduct posted at the Secretary's Booth.