



Fulton-Montgomery Counties 4-H Gymkhana Horse Show

Saturday, October 4, 2014 at 9:00 a.m.
Fonda Fairgrounds
Fonda, N.Y.



Rabies: _____
Coggins: _____

Name: _____ Phone: _____ Email: _____

Address: _____

Horse: _____ County: _____

Circle One:

Walk/trot
(no cloverbuds)

Junior (canter/gallop)
(13 and under)

Senior
(14 and over)

- Classes:
- 1. Montana Keyhole _____
 - 2. Cloverleaf _____
 - 3. Figure 8 _____
 - 4. Poles _____
 - 5. 50 Yard Dash _____

Team Mounted Games "Jackpot" (teams will be pulled from a hat)

- 6. Mug Race _____
- 7. Ball and Cone Race _____

(Description of 4-H Team Mounted Games available in the New York State 4-H Horse Shows Rulebook)

Registration Fee: \$15.00 (for the whole day) There must be 8 youth pre-entered by **September 30th** or the event will be cancelled. If there are 16 pre-entered, there will be prizes for first place in each class. (except team games)

Total: _____ Pd. _____

*****Place ribbons will be awarded and Champion in each Category. All participants must wear suitable helmet and heeled riding boots and be currently enrolled in 4-H and show proof of completion of riding evaluation. Acknowledgement of risk form on back must be filled out and signed. ******

Acknowledgement of Risk Form – 4-H Member/Equine Member

This form must be completed to participate in 4-H Equine clubs and related activities.

This form may be completed during 4-H enrollment for the full program year for 4-H equine activities and events designated below at the club, county, multiple county, regional, state and national level.

I hereby apply for my child to participate in the 4-H club and/or activity indicated below to be conducted by the designated Cornell Cooperative Extension Association and acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in the 4-H club and activities and my child's participation in said 4-H club and all its activities and use of any equipment related to such activities may result in injury, illness or death and damage to personal property. I understand other participants, accidents, forces of nature or other causes may cause these risk and dangers and I hereby accept these risk and dangers.

My child is in good health and is at or above the minimum age of **8 for regular 4-H Equine club members** required to participate in this activity and is able to participate in any strenuous physical activity associated therewith.

Cornell Cooperative Extension of County Fulton/Montgomery

DATE(S): 4-H Program Year: October 1, 20__ – September 30, 20__

4-H CLUB EQUINE ACTIVITY:

- Participating in an equine club
- Working with equines beyond club level including clinics, camps, shows
- Working with equines in mounted "over fences" activities. I (the parent or legal guardian) am aware that my child will be participating in 4-H Horse Program mounted "over fences" activities at Cornell University Cooperative Extension county, multiple county, regional, or state sponsored events. I give my child permission to participate. Mounted "over fences" classes in the NYS 4-H Horse Program could include ground rail, cross rail, and/or other over fences classes and obstacles (this does include trail class). The obstacles will be no higher than 3 foot in any of the 4-H activities.
- All of the above

I have read the above and by signing it I agree it is my intention to have my child participate in the indicated activity and I understand and accept the risks involved.

This shall be binding on my heirs, successors, assigns, administrators and executors. Any claims or disputes arising out of my child's participation in the activity shall be venued in the Supreme Court of the State of New York of the County where the County Extension office is located.

I am at least twenty-one (21) years of age and I am the legal parent/guardian authorized to sign this document on behalf of the child named herein.

PARTICIPANT'S NAME (print) _____

DATE OF BIRTH: _____

ADDRESS: _____

PARENT GUARDIAN NAME(print): _____

SIGNATURE: _____ DATE: _____

This form must be kept on file until participant reaches age 21.

F.O.R.M CODE 1501

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