

4-H Horse Show Release Statement
To be used for all 4-H Horse Shows

Participant's Name: _____

Age: _____

As parent/guardian of this child, I give my permission for his/her participation in this 4-H event. I understand that the persons participating in this event do so at their own risk and hold harmless the Show Management, University of Massachusetts and 4-H staff and 4-H volunteers for damages and risks including, but not limited to personal injury and/or death and/or property damage. I understand that persons attending this event, including my own family members, do so at their own risk and hold harmless the Show Management, University of Massachusetts and 4-H staff and volunteers. I accept financial responsibility for any damage or accident to animals, persons or property caused by exhibitors or animals deemed my responsibility. I give my consent and accept financial responsibility for necessary examination and emergency medical treatment for my child or any other family member as prescribed by an attending physician. If I have delegated my child's care to another adult, all reasonable efforts will be made to contact me at the following location in an emergency: _____

Emergency Contact Information

Parent/Guardian Signature or Adult Participant Signature	Phone	Date
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Family Physician	Phone
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Health Plan or HMO number	Notification Procedure	Phone
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