

**RELEASE FORM
NEZ PERCE COUNTY 4-H HORSE PROGRAM**

Participant's Name (please print): _____

Class: Junior 11 & under _____ Intermediate 12-14 _____ Senior 15+ _____

Club: _____

LIABILITY RELEASE/ASSUMPTION OF RISK AGREEMENT

The above named participant has permission to participate in Nez Perce County 4-H Horse Program activities between October 1, 2009, and September 30, 2010. My son/daughter is participating on a voluntary basis and I understand that these activities contain an element of danger and risk of injury to participants. I further understand that the other participants and their animals may pose a danger. Nevertheless, I hereby waive any and all claims for loss of property or personal injury arising from or connected with said activities against Nez Perce County, the Nez Perce County Fair Board, the University of Idaho Extension System, and other volunteers connected with these activities.

EMERGENCY TREATMENT RELEASE

Valid from October 1, 2009, to September 30, 2010

If I cannot be personally contacted, I hereby authorize any hospital, licensed physician and/or my child's personal physician to administer emergency treatment to my child in case of accidental injury or sudden illness.

Date: _____ Parent/Guardian Signature: _____

Address: _____

Phone (daytime): _____ (evening): _____

Emergency contact person: _____ Phone: _____
(relationship to participant)

I/we understand that in the event of misconduct, the participant listed above will be dismissed from the activity they are currently participating in.

Participant's Signature: _____

Parent/Guardian Signature: _____

Please list the following information:

Allergies: _____

Medication taken regularly: _____

Chronic condition(s): _____

Participant's physician: _____

Insurance coverage: _____

Phone: _____

Policy No. _____